


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jul 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **328138**

(3)

1. Corporation Name

MAISONETTES SOUTH INC



Principal Place of Business

**6849 N. OCEAN BLVD
OCEAN RIDGE FL 33435**

Mailing Address

**6849 N. OCEAN BLVD
OCEAN RIDGE FL 33435-3316**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1968		3a. Date of Last Report 05/29/1996	
21		26		4. FEI Number 59-1286294		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FARR, MARY LOU 6849 NORTH OCEAN BLVD OCEAN RIDGE, FL 33435				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Mary Lou Farr (NOTE: Registered Agent signature required when reinstating) DATE 6/10/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRABNER, GEORGE			1.2 NAME			
STREET ADDRESS	6849 N OCEAN BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	OCEAN RIDGE FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKENNEY, PAUL			2.2 NAME			
STREET ADDRESS	6849 N OCEAN BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	OCEAN RIDGE, FL 00000			2.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MACCRACKEN, MRS. G H			3.2 NAME			
STREET ADDRESS	6849 N OCEAN BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	OCEAN RIDGE, FL 00000			3.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANDEN, JOHN L			4.2 NAME			
STREET ADDRESS	6849 N OCEAN BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	OCEAN RIDGE, FL 00000			4.4 CITY-ST-ZIP			
TITLE	SAT	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FARR, MARY LOU			5.2 NAME			
STREET ADDRESS	6849 N OCEAN BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	OCEAN RIDGE, FL 00000			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHEELER, HENRY			6.2 NAME			
STREET ADDRESS	6849 N OCEAN BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	OCEAN RIDGE, FL 00000			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)