

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 392129 (3)

1. Corporation Name
MAISON GRANDE MANAGEMENT CORP.



Principal Place of Business

% SHIRLEY MORTON
6050 VIA DIANA
DELRAY BEACH FL 33484

Mailing Address

% SHIRLEY MORTON
6050 VIA DIANA
DELRAY BEACH FL 33484

3. Date Incorporated or Qualified

12/01/1971

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 17746 Deauville Lane
23 Boca Raton, FL
24 33496-2455
25 USA
26 Suite, Apt. #, etc.
27 17746 Deauville Lane
28 Boca Raton, FL
29 33496-2455
30 USA

4. FEI Number

59-1377620

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SIEGEL, ROBERT L
17746 DEAUVILLE LANE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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:

Signature typed or printed (Name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
1.5 TITLE
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY - ST - ZIP
1.9 TITLE
1.10 NAME
1.11 STREET ADDRESS
1.12 CITY - ST - ZIP
1.13 TITLE
1.14 NAME
1.15 STREET ADDRESS
1.16 CITY - ST - ZIP
1.17 TITLE
1.18 NAME
1.19 STREET ADDRESS
1.20 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
1.5 TITLE
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY - ST - ZIP
1.9 TITLE
1.10 NAME
1.11 STREET ADDRESS
1.12 CITY - ST - ZIP
1.13 TITLE
1.14 NAME
1.15 STREET ADDRESS
1.16 CITY - ST - ZIP
1.17 TITLE
1.18 NAME
1.19 STREET ADDRESS
1.20 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Robert L Siegel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/96

407-994-5619

CR2E034 (12/95)