FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # 576245 (5)

1. Corporate Name

MAYRAND ENTERPRISES, INC.

Principal Place of Business	Mailing Address
211 EAST OCEAN AVE LANTANA FL 33462	211 EAST OCEAN AVE LANTANA FL 33462

Document Number of This Entity

3. Date Incorporated or Qualified: 06/20/1978	3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1837568	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. This corporation was originally organized prior to January 1, 1968 Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BUIST, MARGARET 204-18TH AVE NORTH LAKE WORTH FL	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 Section 607.193, and/or 617.1928, 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 607.325, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
TITLE PS NAME CHANEY, MARIE T STREET ADDRESS 3125 BUCKLEY AVE CITY-ST-ZIP LAKE WORTH FL	TITLE ☐ Change ☐ Addition
TITLE VT NAME BUIST, MARGARET A STREET ADDRESS 204-18TH AVE NORTH CITY-ST-ZIP LAKE WORTH FL	TITLE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate and that this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an address.

SIGNATURE: M. A. Buist VP 7/20/95 (407)582-0081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0971031 CP