

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

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **576245** (5)
1. Corporation Name
MAYRAND ENTERPRISES, INC.

Principal Place of Business 211 EAST OCEAN AVE LANTANA FL 33462	Mailing Address 211 EAST OCEAN AVE LANTANA FL 33462
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/20/1978	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1837568	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 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 re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THORGESON, MARIE		1.2 NAME	
STREET ADDRESS 1814 NO PALMWAY		1.3 STREET ADDRESS	
CITY-ST-ZIP LAKE WORTH FL 33460		1.4 CITY-ST-ZIP	
TITLE PS	<input type="checkbox"/> DELETE	2.1 TITLE	TREASURER ONLY NOW <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUIST, MARGARET A		2.2 NAME	
STREET ADDRESS 204-18TH AVE NORTH		2.3 STREET ADDRESS	
CITY-ST-ZIP LAKE WORTH FL		2.4 CITY-ST-ZIP	
TITLE VICE-PRES.	<input type="checkbox"/> DELETE	3.1 TITLE	VICE PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PATRICIA L. ALDER		3.2 NAME	PATRICIA L. ALDER
STREET ADDRESS 204-18TH AVE. NO.		3.3 STREET ADDRESS	204-18TH AVE. NO.
CITY-ST-ZIP LAKE WORTH, FL 33460		3.4 CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *M.A. Buist* 1/22/98 (561)582-0081

CR2E034 (10/97)