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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAR 10 AM 9:12

DOCUMENT # **645157** **(9)**

1. Corporation Name
MAIWURM ENTERPRISES, INC.

Principal Place of Business	Mailing Address
304 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408	304 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/14/1979	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1958703	☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

BOCCIA, JOHN G.
~~3322-C MERIDIAN WAY~~
~~PALM BEACH GARDENS FL 33410~~

10. Name and Address of New Registered Agent

81 Name: Boccia, John G.
82 Street Address (P.O. Box Number is Not Acceptable): 1812 18th Court Jupiter,
83: Fl.
84 City: FL 85 Zip Code: 33477

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☑ Change ☐ Addition
NAME	BOCCIA, JOHN G.	1.2 NAME	Boccia, John G.
STREET ADDRESS	~~3322-C MERIDIAN WAY~~	1.3 STREET ADDRESS	1812 18th Court
CITY-ST-ZIP	~~PALM BEACH GARDENS FL~~	1.4 CITY-ST-ZIP	Jupiter, Fl. 33477
TITLE	VP	2.1 TITLE	☑ Change ☑ Addition
NAME	~~BOCCIA, LYNDA J.~~	2.2 NAME	~~Cynth~~ Petroue, Cynthia M.
STREET ADDRESS	3322-C MERIDIAN WAY	2.3 STREET ADDRESS	1812 18th Court
CITY-ST-ZIP	~~PALM BCH. GARDENS FL~~	2.4 CITY-ST-ZIP	Jupiter, Fl. 33477
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: John G. Boccia 3/6/94 (407) 848-5082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0438000 FP