

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

FILED  
Mar 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **697293** (9)  
1. Corporation Name  
**MAVIDON CORPORATION**

Principal Place of Business <b>3953 S W BRUNER TERRACE P. O. BOX 1317 PALM CITY FL 34990</b>	Mailing Address <b>3953 S W BRUNER TERRACE P. O. BOX 1317 PALM CITY FL 34991 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/03/1981</b>	
21		26		4. FEI Number <b>58-1391368</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
				30	Country

9. Name and Address of Current Registered Agent <b>MASCIA, VINCENT J 6464 SPY GLASS LN STUART FL 34997</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HORA, CHARLES J			1.2 NAME			
STREET ADDRESS	3953 BRUNER TERR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL 34990-1317			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WRIGHT, JAMES W			2.2 NAME			
STREET ADDRESS	3935 BRUNER TERR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL 34990-1317			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWIS, DAVID L			3.2 NAME			
STREET ADDRESS	3935 BRUNER TERR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL 34990-1317			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASCIA, THOMAS M.			4.2 NAME			
STREET ADDRESS	1800 BELGRAVE TERR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASCIA, DAVID J			5.2 NAME			
STREET ADDRESS	1880 S W BELGRAVE TER			5.3 STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 00000			5.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASCIA, ROBERTA			6.2 NAME			
STREET ADDRESS	6464 SPY GLASS LANE			6.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL			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 \_\_\_\_\_  
(D-11) R. M. Miller 1101 T. ... 7/14/98 9/14/98 1/14/98

CR2E034 (10/97)