


FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732877** (6)
1. Corporation Name
MAITLAND AREA INDEPENDENCE DAY CELEBRATION, INC.

Principal Place of Business TION, INC. 110 NORTH MAITLAND AVENUE MAITLAND FL 32751	Mailing Address TION, INC. 110 NORTH MAITLAND AVENUE MAITLAND FL 32751-5516
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/29/1975	3a. Date of Last Report 06/14/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1706919		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent STEPHENS, LESLIE 2130 DYAN WAY MAITLAND FL 32751		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 FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Leslie Stephens**
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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, ROBIN	1.2 NAME	Warner, Jonnie Mae
STREET ADDRESS	103 DONNA CIRCLE	1.3 STREET ADDRESS	160 W. Troopers Drive
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	Maitland, FL. 32751
TITLE	PEO <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, ROBERT	2.2 NAME	Baldwin, Robert
STREET ADDRESS	1761 TONTO TR.	2.3 STREET ADDRESS	1761 Tonto Trail
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	Maitland, FL. 32751
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFFIN, ANTHONY	3.2 NAME	Gillespie, H. Bowen
STREET ADDRESS	829 SILVERSMITH CIR.	3.3 STREET ADDRESS	5053 Bermuda Circle
CITY-ST-ZIP	LAKE MARY FL 32749	3.4 CITY-ST-ZIP	Orlando, FL. 32808
TITLE	TSD <input type="checkbox"/> DELETE	4.1 TITLE	PE/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, DALTON	4.2 NAME	Vaccarella, Gary
STREET ADDRESS	819 WAYNE AVE.	4.3 STREET ADDRESS	153 Hercules Court
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	4.4 CITY-ST-ZIP	Ocoee, FL. 34761
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, ROBIN	5.2 NAME	
STREET ADDRESS	103 DONNA CIR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, MARCIA	6.2 NAME	
STREET ADDRESS	10202 STONEBROOK DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Jonnie Mae Warner** *Jonnie Mae Warner* 4/28/97 (40) 66-2091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014090

CR2E037 (9/96)