


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

NONPROFIT 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 # 750734 (6)**  
 1. Corporation Name  
**7109 MAINTENANCE CORPORATION**



Principal Place of Business 7109 N.W. 11TH PLACE GAINESVILLE FL 32605	Mailing Address 7109 N.W. 11TH PLACE GAINESVILLE FL 32605
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3. Date Incorporated or Qualified <b>01/23/1980</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number <b>59-1989884</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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**

**QAIYUMI, SHAHEDA M.D.**  
**7109 NW 11TH PLACE**  
**SUITE A**  
**GAINESVILLE FL 32605**

**10. Name and Address of New Registered Agent**

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

**12. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> DELETE
NAME	DRYFUSS, JOHN	
STREET ADDRESS	7109 NW 11TH PLACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, R JOHNSON	
STREET ADDRESS	7109 NW 11TH PLACE	
CITY - ST - ZIP	GAINESVILLE, FL 00000	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	LANDAY, STEPHEN E	
STREET ADDRESS	7109 NW 11TH PLACE	
CITY - ST - ZIP	GAINESVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QAIYUMI, SHAHEDA	
STREET ADDRESS	7109 N.W. 11TH PL	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEITZEL, KENT	
STREET ADDRESS	7109 N.W. 11TH PL	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** 1-30-98 352-331-2890

CR2E037 (10/97)