

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # 848453 (7)
 1. Corporation Name
MAROUBRA MARYLAND CORPORATION



Principal Place of Business Mailing Address
HWY 41/SR 451 3/4 MI N OF ARCHER ARCHER FL 32618
10310 SW SR 45 ARCHER FL 32618-3422

3. Date Incorporated or Qualified **03/11/1981** 3a. Date of Last Report **03/14/1996**
 4. FEI Number **52-0793142** 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 2a. Mailing Address
 21 **2631 NW 41st. Street** 26
 Suite, Apt #, etc. Suite, Apt #, etc.
 22 **Suite C-2** 27 **P.O. Box 950**
 City & State: City & State
 23 **Gainesville, FL** 28 **Archer, Florida**
 Zip Country Zip Country
 24 **32606** 25 **USA** 29 **32618** 30 **USA**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
HUFTY, JOHN A. 81 Name
10310 SW SR 45 82 Street Address (P.O. Box Number is Not Acceptable)
HWY 41/SR, 451 3/4 MI NORTH OF ARCHER **1152 Lake Clarke Drive**
ARCHER FL 32618 83
 84 City **West Palm Beach, FL** 85 Zip Code **33406**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFTY, JOHN PAGE	1.2 NAME	
STREET ADDRESS	10310 SW SR 45	1.3 STREET ADDRESS	P.O. Box 950 N/A
CITY - ST - ZIP	ARCHER FL	1.4 CITY - ST - ZIP	Archer, FL 32618
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFTY, JOHN A.	2.2 NAME	1152 Lake Clarke Drive
STREET ADDRESS	10310 SW SR 45	2.3 STREET ADDRESS	West Palm Beach, FL 33406
CITY - ST - ZIP	ARCHER FL	2.4 CITY - ST - ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFTY, DONNA JEAN	3.2 NAME	
STREET ADDRESS	10310 SW SR 45	3.3 STREET ADDRESS	P.O. Box 950 N/A
CITY - ST - ZIP	ARCHER FL	3.4 CITY - ST - ZIP	Archer, FL 32618
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 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 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 A. Hufty** **REQUIRED** *John A. Hufty* 4-9-97 352-495-2279
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/96)