

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J09456 (1)**

1. Corporation Name
MAROON DEVELOPMENT, INC.



Principal Place of Business: **986 N DOUGLAS AVE., SUITE 102 ALTAMONTE SPRINGS FL 32714**
Mailing Address: **986 N DOUGLAS AVE., SUITE 102 ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 901 Douglas Avenue		26 901 Douglas Avenue		04/14/1986		02/27/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Suite 101		27 Suite 101		59-2662993		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Altamonte Springs, FL		28 Altamonte Springs, FL		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24 32714	25 USA	29 32714	30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAROON, WILLIAM S. 986 N DOUGLAS AVE., SUITE 102 ALTAMONTE SPRINGS FL 32714				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 Suite			
				84 City			
				85 Zip Code			
				FL 32714			

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *William S. Maroon* DATE: **4/4/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAROON, WILLIAM S.			1.2 NAME			
STREET ADDRESS	986 N DOUGLAS AV #102			1.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAROON, LOLA			2.2 NAME			
STREET ADDRESS	986 N DOUGLAS AV #102			2.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAROON, WILLIAM S			3.2 NAME			
STREET ADDRESS	986 N DOUGLAS AVE #102			3.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			3.4 CITY-ST-ZIP			
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *William S. Maroon* DATE: **4/4/96** (407) 774-7083

CR2E034 (12/95)