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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90040 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J09456**

1. Corporation Name
MAROON DEVELOPMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 901 DOUGLAS AVE, STE 101, ATAMONTE SPRINGS FL 32714, US
 Mailing Address: 901 DOUGLAS AVE, STE 101, ATAMONTE SPRINGS FL 32714, US

3. Date Incorporated or Qualified: **04/14/1986**
 4. FEI Number: **59-2662993**
 5. Certificate of Status Desired: Applied For, Not Applicable
 6. Election Campaign Financing: \$8.75 Additional Fee Required, \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes, No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

MAROON, S WILLIAM
 901 DOUGLAS AVE, STE 101
 ALTAMONTE SPRINGS FL 32714

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROON, WILLIAM S.	1.2 NAME	
STREET ADDRESS	901 DOUGLAS AVE, SUITE 101	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRING FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROON, LOLA	2.2 NAME	
STREET ADDRESS	901 DOUGLAS AVE, SUITE 101	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROON, WILLIAM S	3.2 NAME	
STREET ADDRESS	901 DOUGLAS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE		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		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		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 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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.12.99 707.774.1083
 Date Daytime Phone #

CORPORATION (11/99)