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Feb 11 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 # J18882 (7)  
1. Corporation Name  
MAP MASTERS, INC.



Principal Place of Business: 2405 NW 71 PL, GAINESVILLE FL 32653  
Mailing Address: P.O. BOX 7102, GAINESVILLE FL 32605-7102

3. Date Incorporated or Qualified: 06/12/1986  
3a. Date of Last Report: 10/21/1996  
4. FEI Number: 59-2684029  
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 (21-24)  
2a. Mailing Address (26-30)  
22. Suite, Apt. # etc.  
27. Suite, Apt. #, etc.  
23. City & State  
28. City & State  
24. Zip  
25. Country  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent  
GRAY, JAMES F  
3615 NW 13 ST  
SUITE B  
GAINESVILLE FL 32609

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 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: [Signature] 2/3/97  
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
11. TITLE  DELETE  
12. NAME  
13. STREET ADDRESS  
14. CITY - ST - ZIP  
11. TITLE  DELETE  
12. NAME  
13. STREET ADDRESS  
14. CITY - ST - ZIP  
11. TITLE  DELETE  
12. NAME  
13. STREET ADDRESS  
14. CITY - ST - ZIP  
11. TITLE  DELETE  
12. NAME  
13. STREET ADDRESS  
14. CITY - ST - ZIP  
11. TITLE  DELETE  
12. NAME  
13. STREET ADDRESS  
14. CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11. TITLE  Change  Addition  
12. NAME  
13. STREET ADDRESS  
14. CITY - ST - ZIP  
21. TITLE  Change  Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY - ST - ZIP  
31. TITLE  Change  Addition  
32. NAME  
33. STREET ADDRESS  
34. CITY - ST - ZIP  
41. TITLE  Change  Addition  
42. NAME  
43. STREET ADDRESS  
44. CITY - ST - ZIP  
51. TITLE  Change  Addition  
52. NAME  
53. STREET ADDRESS  
54. CITY - ST - ZIP  
61. TITLE  Change  Addition  
62. NAME  
63. STREET ADDRESS  
64. 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, unchanged, or on an attachment with an address.

SIGNATURE: [Signature] 2/3/97 352-371-8101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID A HOWE Date Daytime Phone #

CR2E034 (9/96)