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Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2684029	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GRAY, JAMES F 3615 NW 13 ST SUITE B GAINESVILLE FL 32609				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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	VP
NAME	HOWE, DAVID A	1.2 NAME	ANTHONY HOWE
STREET ADDRESS	4731 NW 51 PL	1.3 STREET ADDRESS	2423 NW 69 TER
CITY-ST-ZIP	GAINESVILLE FL 32606	1.4 CITY-ST-ZIP	GAINESVILLE FL 32606
TITLE	STD	2.1 TITLE	VP
NAME	HOWE, KATHRYN B	2.2 NAME	JULIA D. HOWE
STREET ADDRESS	4731 NW 51 PL	2.3 STREET ADDRESS	2423 NW 69 TER
CITY-ST-ZIP	GAINESVILLE FL 32606	2.4 CITY-ST-ZIP	GAINESVILLE FL 32606
TITLE	VP	3.1 TITLE	
NAME	TILLEY, CLARENCE I	3.2 NAME	
STREET ADDRESS	5327 NW 9TH W	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	TILLEY, KATHRYN C	4.2 NAME	
STREET ADDRESS	5327 NW 9TH LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: *Kathryn B. Howe* Secretary 416198 352-371-8101

CR2E034 (10/97)