

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 # **J67073** (3)

1. Corporation Name

MAVERICK MANAGEMENT, INC.



Principal Place of Business

**11400 SR 84
DAVIE FL 33325**

Mailing Address

**11400 SR 84
DAVIE FL 33325**

3. Date Incorporated or Qualified

04/14/1987

3a. Date of Last Report

02/22/1995

2. Principal Place of Business

21 **10261 W. Broward Blvd**
Suite, Apt. #, etc.

2a. Mailing Address

26 **10261 W. Broward Blvd**
Suite, Apt. #, etc.

4. FEI Number

59-2804490

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

22 City/State

Plantation FL

27 City/State

Plantation FL

24 Zip

33324

Country

FLORIDA

29 Zip

33324

Country

FLORIDA

9. Name and Address of Current Registered Agent

**COSTELLO, JAMES J.
10261 W. BROWARD BLVD.
PLANTATION FL 33324**

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 607.1505, Florida Statutes.

SIGNATURE

James J. Costello Jr. **James J. Costello Jr.**

1/19/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COOK, KEVIN	
STREET ADDRESS	90 NW 128TH AVE.	
CITY- ST- ZIP	PLANTATION FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COSTELLO, JAMES J. JR.	
STREET ADDRESS	700 NW 100TH TERRACE	
CITY- ST- ZIP	PLANTATION FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	MILLER, JERRY	
STREET ADDRESS	680 NW 100TH TERRACE	
CITY- ST- ZIP	PLANTATION FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	COSTELLO, JAMES J S	
STREET ADDRESS	6801 NW 6TH CT	
CITY- ST- ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VTD Miller, Jerry M.
3.3 STREET ADDRESS	9830 SW 15TH AVE
3.4 CITY- ST- ZIP	DAVIE, FL. 33324
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 my address.

SIGNATURE:

James J. Costello Jr. **James J. Costello Jr.**

Date

1/19/96

Daytime Phone #

271-163-8130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)