

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 17 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 # J67073 (3)**  
1. Corporation Name  
**MAVERICK MANAGEMENT, INC.**



Principal Place of Business  
**10261 W. BROWARD RD BLVD.  
PLANTATION FL 33324  
US**

Mailing Address  
**10261 W. BROWARD BLVD.  
PLANTATION FL 33324-2114  
US**

3. Date Incorporated or Qualified  
**04/14/1987**

3a. Date of Last Report  
**01/24/1996**

4. FEI Number  
**59-2804490**

Applied For  
 Yes  No

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 Suite, Apt #, etc  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt #, etc  
27 City & State  
28 Zip Country  
29

30

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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_  
Signature: Must be printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>COOK, KEVIN</b>	
STREET ADDRESS	<b>90 NW 128TH AVE.</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>COSTELLO, JAMES J. JR.</b>	
STREET ADDRESS	<b>700 NW 100TH TERRACE</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	<b>MILLER, TEREL M.</b>	
STREET ADDRESS	<b>9830 SWISTA DRIVE</b>	
CITY-ST-ZIP	<b>DAVIE FL</b>	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	<b>COSTELLO, JAMES J S</b>	
STREET ADDRESS	<b>6801 NW 6TH CT</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PD</b>
1.3 STREET ADDRESS	<b>COOK, KEVIN</b>
1.4 CITY-ST-ZIP	<b>13030 NW 57A ST PLANTATION, FL 33325</b>
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	<b>VTD</b>
3.3 STREET ADDRESS	<b>TEREL M. MILLER</b>
3.4 CITY-ST-ZIP	<b>9830 SW 15TH DRIVE DAVIE, FL 33324</b>
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 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: *[Signature]* DATE: **1/16/97** DAYTIME PHONE #: **954 423 9030**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)