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FILED  
Feb 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. <del>McGowan</del> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J67073 (3)  
1. Corporation Name  
MAVERICK MANAGEMENT, INC.

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

Mailing Address  
10261 W. BROWARD BLVD.  
PLANTATION FL 33324  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10261 W. BROWARD BLVD. Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/14/1987	
22		27 City & State PLANTATION FL		4. FEI Number 59-2804490	
23 33324		28 Zip 33324		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 US		29 Country US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		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 COSTELLO, JAMES J. 10261 W. BROWARD BLVD. PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name JAMES J. COSTELLO JR 82 Street Address (P.O. Box Number is Not Acceptable) 10261 W. BROWARD BLVD 83 84 City PLANTATION FL FL 85 Zip Code 33324	
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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 *James J. Costello Jr* 1/28/98  
(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	
NAME	COOK, KEVIN	1.2 NAME	
STREET ADDRESS	13030 NW 5TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	COSTELLO, JAMES J. JR.	2.2 NAME	
STREET ADDRESS	700 NW 100TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	
NAME	MILLER, TEREL M.	3.2 NAME	TD MILLER, TEREL M.
STREET ADDRESS	9830 SW 15TH DRIVE	3.3 STREET ADDRESS	9830 SW 15TH DRIVE
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	DAVIE, FL.
TITLE	DS	4.1 TITLE	
NAME	COSTELLO, JAMES J S	4.2 NAME	
STREET ADDRESS	6801 NW 6TH CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	
TITLE	BURGESS, Michael	5.1 TITLE	
NAME	BURGESS, Michael	5.2 NAME	V BURGESS, Michael C
STREET ADDRESS	721 SANDLEWOOD LANE	5.3 STREET ADDRESS	721 SANDLEWOOD LN.
CITY-ST-ZIP	PLANTATION FL 33317	5.4 CITY-ST-ZIP	PLANTATION, FL 33317
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: *James J. Costello Jr* 1/28/98 9544239030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0295018

CR2E034 (10/97)