

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

FILED

May 05 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 # K01670 (4)
1. Corporation Name
~~MAVERICK PROPERTIES, INC.~~
(NAME CHANGE) HENDERSON Development Corp
Previously Filed

Principal Place of Business Mailing Address
~~855 DIXIE PARKWAY (32789)~~ 1004 Versailles Court
~~P.O. BOX 150~~ P.O. BOX 150
~~WINTER PARK FL 32789~~ WINTER PARK FL 32789-0100
Maitland, FL 32751

2. Principal Place of Business 21 1004 Versailles Court Suite, Apt. #, etc. 22 City & State 23 MAITLAND, FLORIDA Zip Country 24 32751 25 USA	2a. Mailing Address 26 P.O. Box 947546 Suite, Apt. #, etc. 27 City & State 28 MAITLAND FL Zip Country 29 32794-7546 30 USA
--	--

3. Date Incorporated or Qualified 11/04/1987	3a. Date of Last Report 04/15/1996
4. FEI Number 59-2049965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
HENDERSON, EDMOND R.
855 DIXIE PARKWAY
WINTER PARK FL 32789

10. Name and Address of New Registered Agent
81 Name
EDMOND R HENDERSON JR.
82 Street Address (P.O. Box Number is Not Acceptable)
1004 Versailles Court
83
84 City
MAITLAND FL 85 Zip Code
32751

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 *E. Henderson* (NOTE: Registered Agent signature required when reinstating) DATE 4-28-97

12. OFFICERS AND DIRECTORS		
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	HENDERSON, EDMOND R.	
STREET ADDRESS	855 DIXIE PARKWAY	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HENDERSON, EDMOND R., JR	
STREET ADDRESS	855 DIXIE PARKWAY	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, JOY LYNN	
STREET ADDRESS	855 DIXIE PARKWAY	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D AST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1004 Versailles Court	
2.4 CITY-ST-ZIP	MAITLAND, FL 32751	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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: *E. Henderson* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EDMOND R HENDERSON 4/4/97 (407) 74066569 6/15/1225

CR2E034 (9/96)