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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K70027

1. Corporation Name

(3)

MAAS BROTHERS CONSTRUCTION, INC.

FILED
May 13 1998 8:00am
Secretary of State



Principal Plac	e of Business	Mailing Address 1923 Barcelona Dr. Dunedin Fl. 34698-2836					91911 01011 010	******	
1923 BARCELO DUNEDIN FL 3									
						3. Date Incorporated or Qualified 03/03/1989		e of Last 6/1996	Report
2. Principal P	lace of Business	2a. Mailing Addre	iss			4. FEI Number			Applied For
21		26				59-2941938 Not Applicable			
Sulte, Apt	#. etc.	Suite, Apt. #, etc.			S8.75 Additional				
22		27				5. Certificate of Status Desired	Ľ		Required
City & Stat	e	City & State				6. Election Campaign Financing		\$5.0	O May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country			Country		8. This corporation has liability for	intangible ta	ax under	s. 199.032,
24			30			Florida Statutes Yes No			
,	9. Name and Address of Curre					10. Name and Address of New Ro	gistered A	gent	
MAA	NS, TODD T.		- · - · · · · · · · · · · · · · · · · · 	81	Name		,		
	3 BARCELONA DRIVE			82	Ctroot Ado	Iress (P.O. Box Number is Not Accepta	hlo\		
	IEDIN FL 34698			02	Street Add	iress (P.O. Box Number is Not Accepta	ole)		
5011	denti-			83					
				84	City		FL	85 Zij	p Code
44 0	10 10 10 10 10 10 10 10 10 10 10 10 10 1	001 and CO7 1600 Decid	o Ctatutos, the	above .	noniad car	poration submits this statement for the	DUKDOSO OF 6	hanging	ite registered
office or r	registered agent, or both, in the State	e of Florida. Such ch ang	a statutes, the to was authoria	zed by	the corpora	poration submits this statement for the ition's board of directors. I hereby acce	pt the appo	intment a	as registered
agent la	am familiar with, and accept the obliq	pations of, Section 607.0	505, Florida S	tatutos	,				
SIGNATURE									
	Signature, typed or printed name of regestered as	_			nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE OF DO AND	DIDECTO	SDC IN 12
12.	OFFICERS AF	ID DIRECTORS DEL	(1)		Т	ADDITIONS/CHANGES TO OFFI		Change	
TITLE				THE			i.	-1 cuana	: L Modifica
NAME	MAAS, TODD T.			NAME					
STREET ADDRESS	1923 BRACELONA DR.		1.3	STREET	ADDRESS				
CITY - ST - ZIP	DUNEDIN FL	· ·		CITY-S	1 - 21P				
TITLE	VP	☐ DEt	FTE 21	TITLE			Ĺ	Change	e L. Addition
NAME	MAAS, LOREY S.		2 2	NAME					
STREET ADDRESS	1247 8TH AVE APT A		2.3	STREET	ADDRESS				
CITY-ST-ZIP	SAN FRANCISCO CA		2	4 CITY - 9	SI - ZIP				
TITLE		☐ DEL	.f TE 3 1	TITLE			[Change	Addition
RAME			3 2	NAME					
STREET ADDRESS			3 3	STREET	ADDRESS				
CITY-ST-ZIP			3 4	CHY-S	11-71P				
TITLE		☐ DE	FTE 41	THLE	-		I	Change	Addition
NAME			4.	2 NAME					
STREET ADDRESS					ADDRESS				1
CITY-ST-ZIP				CITY-S			1		/
TITLE		DE		HTLE	, 40		//	Chapye	e Addition
NAME				NAME			11 6	7/1	~
					ADORESS)//	$\overline{\Theta}$
STREET ADDRESS							11 / 5	// ~	ٽ
CITY-ST-ZIP		DEC		CITY-S	r · ZIP		└/ / i	Change	Addition
TITLE		נין אנג				anooooe		snange <u>#</u> 3L	ווטוווטות בביי
NAME				NAME		40000252 -05/15/980108 ***165.00	21NI	`~~ ™ }	
STREET ADDRESS			1		ADORESS		or ul-	,	
CITY-ST-ZIP	}		6.4	CITY-S	T - ZIP	***100.UU			

4. 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 Statules. I further certify that the information indicated on this inimual 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Mark House

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