


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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90027 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000012084

1. Corporation Name
MAYTON INC. OF FLORIDA

Principal Place of Business 404 E. ATLANTIC BLVD. SUITE 101 PONPANO BEACH FL 33060 US	Mailing Address 404 E. ATLANTIC BLVD. SUITE 101 PONPANO BEACH FL 33060 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/11/1992	4. FEI Number 65-0402810	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROSENTHAL, STUART S ESO 404 E. ATLANTIC BLVD. SUITE 101 PONPANO BEACH FL 33060		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	85. Zip Code
		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETON, ERIC GUY	1.2 NAME	
STREET ADDRESS	1500 S OCEAN BLVD #507	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETON, NICHOLAS	2.2 NAME	
STREET ADDRESS	1500 S OCEAN BLVD #507	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETON, CLAUDINE	3.2 NAME	
STREET ADDRESS	1500 S OCEAN BLVD #507	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETON, JEAN FRANCOIS	4.2 NAME	
STREET ADDRESS	1500 S OCEAN BLVD #507	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETON, CLAUDE DR	5.2 NAME	
STREET ADDRESS	1500 S OCEAN BLVD #507	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: NICHOLAS BRETON 26/2/99 450 534 1785
 SECRETARY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)