

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000042190 (6)

1. Corporation Name

MAVERICK MARKETING & CONSULTING, INC.



Principal Place of Business

2055-G LINTON LAKE DRIVE  
DELRAY BEACH FL 33445

Mailing Address

PO BOX 7687  
DELRAY BEACH FL 33482-7687  
US

3. Date Incorporated or Qualified

06/07/1994

3a. Date of Last Period

04/27/1995

2. Principal Place of Business

21 3705 Ocean Drive

Suite, Apt. #, etc.

22

City & State

23 Vero Beach, FL

Zip

24 32963

Country

25 Indian River

2a. Mailing Address

26 3705 Ocean Drive

Suite, Apt. #, etc.

27

City & State

28 Vero Beach, FL

Zip

29 32963

Country

30 Indian River

4. FEI Number

65-0495817

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

BRIGGS, JOHN H ESO  
301 30TH STREET  
WEST PALM BEACH FL 33407

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 (Type or print full name of registered agent and the date of signature)

DATE (Type or print date of signature)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BEARD, DONALD E  
STREET ADDRESS 2055-G LINTON LAKE DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE VPST ☐ DELETE

NAME ROMINE, CAROL  
STREET ADDRESS 2055-G LINTON LAKE DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 3705 Ocean Drive  
1.4 CITY-ST-ZIP Vero Beach, FL 32963

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 3705 Ocean Drive  
2.4 CITY-ST-ZIP Vero Beach, FL 32963

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Carol Romine* VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

800-990-0074  
Daytime Phone #

CR2E034 (12/95)