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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000002411 (3) DOCUMENT # 1. Corporation Name

MAINGUY & ASSOCIATES, INC.

## **FILED** Mar 30 1998 8:00am Secretary of State



Principal Place of Business			Mailing Address				, , , , , , , , , , , , , , , , , , , ,			
3296 NE 11TH AVE			3296 NE 11TH AVE							
OAKLAND PARK FL 33334			OAKLAND PARK FL 33334				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified	- 114 11 110 01	AUL	
							01/10/1995			
2. Principal Place	e of Business	2a. M	alling Address	<del></del>			4. FEI Number	<del></del>	<del></del>	Applied For
21		<del> </del>	26				65-0546845		<del></del>	lot Applicable
Suite, Apt. #, 6	etc.		Suite, Apt. #, etc.							Additional
22		<b> </b>	27				5. Certificate of Status Desired			Required
City & State			City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	28				- Trust Fund Contribution			to Fees
Zip	Country Zip C			Cou	Country		8. This corporation owes or has pa	aid the curre	nt year li	ntangible
24	25	29		30			Personal Property Tax due June 30. 🔀 Yes 🔲 No			
	g. Name and Address of Curre	nt Register	ed Agent				10. Name and Address of New Ro	gistered A	gent	
CARROLL, JAMES H					61	Name				ļ
4367 N FEDERAL HWY					82	Street Address (P.O. Box Number is Not Acceptable)				
FT LAUDERDALE FL 33308										
					83					
					84	City			85 Zip	Code
					"	City		FL	<b>65</b>   21µ	, 0000
11. Pursuant to the	he provisions of Sections 607.050	02 and 607.	1508, Florida Statut	es, the at	ove	-named co	orporation submits this statement for the ration's board of directors. I hereby acce	ourpose of c	hanging	its registered
agent. I am f	stered agent, or both, in the State amiliar with, and accept the oblig	ations of, S	ection 607.0505, Fk	orida Stat	utes utes	rtne corpor i,	ation's board of directors. Thereby acce	pt the appoi	niment a	s registered
SIGNATURE										1
Sign	nature, typed or prioted name of registered ag				l Age	nt signature req	quired when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTO		13.		т	ADDITIONS/CHANGES TO OFFI			
	<del>-</del>				1.1 TITLE 1.2 NAME			L	Change	☐ Addition
	CARROLL, JAMES H									]3
1	4367 N FEDERAL HWY		1			ADDRESS				()
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STREET ADDRESS				1		ADDRESS				1
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STREET ADDRESS						ADDRESS				
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NAME				5.2 NA			•			
STREET ADDRESS				5.3 ST	REET.	ADDRESS				]
CITY-ST-ZIP				5.4 CH		T- ZIP			<del></del>	
TITLE			DELETE	6.1 TIT				L	_] Change	☐ Addition
NAME				6.2 NA	ME					ļ
Street adoress				6.3 ST	REET .	ADDRESS				ł
C/TY-ST-ZIP	<del></del>			6.4 CFI	Y-SI	r-ziP				