

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

FILED

Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000021270 (0)**

1. Corporation Name  
**M.A.W. ENTERPRISES, INC.**



Principal Place of Business <b>6401 WELLINGTON DR ORLANDO FL 32819</b>	Mailing Address <b>6401 WELLINGTON DR ORLANDO FL 32819-4670</b>
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3. Date Incorporated or Qualified <b>03/15/1995</b>	3a. Date of Last Report <b>03/18/1996</b>
4. FEI Number <b>59-3300102</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 2229 Butler Bay Dr., N.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 2229 Butler Bay Dr., N.</b> Suite, Apt. #, etc.
22 City & State <b>23 Windermere, FL</b>	27 City & State <b>28 Windermere, FL</b>
24 34786	29 34786

9. Name and Address of Current Registered Agent

**WARD, MARY ANNE  
6401 WELLINGTON DR  
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name <b>Ward, Mary Anne</b>	85 Zip Code <b>FL 34786</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2229 Butler Bay Dr., N.</b>	
83	
84 City <b>Windermere,</b>	

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WARD, MARY ANNE</b>		1.2 NAME <b>Ward, Mary Anne</b>	
STREET ADDRESS <b>6401 WELLINGTON DR</b>		1.3 STREET ADDRESS <b>2229 Butler Bay Dr., N.</b>	
CITY-ST-ZIP <b>ORLANDO FL 32819</b>		1.4 CITY-ST-ZIP <b>Windermere, FL 34786</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WARD, HUGH W</b>		2.2 NAME <b>Ward, Hugh W.</b>	
STREET ADDRESS <b>6401 WELLINGTON DRIVE</b>		2.3 STREET ADDRESS <b>2229 Butler Bay Dr., N.</b>	
CITY-ST-ZIP <b>ORLANDO FL 32819</b>		2.4 CITY-ST-ZIP <b>Windermere, FL 34786</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

*Mary Anne Ward*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97

407.876.0837