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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000078547 (3)

1. Corporation Name
MAGGIE WELLS INC.



Principal Place of Business
1880 N.W. 122 TERRACE
PEMBROKE PINES 33 33026
US

Mailing Address
1880 N.W. 122 TERRACE
PEMBROKE PINES 33 33026-1888
US

3. Date Incorporated or Qualified 10/06/1995
3a. Date of Last Report 08/05/1996

2. Principal Place of Business
21 12165 Sheridan St.
Suite, Apt. #, etc.
22
City & State
23 Cooper City, FL
Zip
24 33026 Country
25 Broward
2a. Mailing Address
26 5119 SW 121st Ave
Suite, Apt. #, etc.
27
City & State
28 Ft. Lauderdale, FL
Zip
29 33330 Country
30 Broward

4. FEI Number 05-061 4857
APPLIED FOR
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
HOOPER, MARGARET W
1880 N.W. 122 TERR.
PEMBROKE PINES FL 33026
change address only

10. Name and Address of New Registered Agent
81 Name Hooper, Margaret W.
82 Street Address (P.O. Box Number is Not Acceptable)
5119 SW 121st Ave
83
84 City Ft. Lauderdale FL 85 Zip Code 33330

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	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	HOOPER, MARGARET W	1880 N.W. 122 TERRACE	PEMBROKE PINES FL 33026	1.2 NAME	HOOPER, MARGARET W	5119 SW 121st Ave	Ft. Lauderdale, FL 33330
				1.3 STREET ADDRESS			
				1.4 CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
				2.2 NAME	KATHERINE H. KRAMER	12165 Sheridan St.	Cooper City FL 33026
				2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
				3.2 NAME	KEITH G. KRAMER	12165 Sheridan St	Cooper City, FL 33026
				3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE			
				4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE			
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE			
				6.2 NAME			
				6.3 STREET ADDRESS			
				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: Margaret W. Hooper Vice President 11/16/97 433-9214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Margaret W. Hooper - Vice President DATE 11/16/97 DAYTIME PHONE # 433-9214

CR2E034 (9/96)