

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000007456 (2)

1. Corporation Name

MAIERS SYSTEMS, INC.

Principal Place of Business

855 TAFT VINELAND RD. SUITE E
ORLANDO FL 32824

Mailing Address

855 TAFT VINELAND RD. SUITE E
ORLANDO FL 32824-8042

2. Principal Place of Business

21 11310 Satellite Blvd,

Suite, Apt. #, etc.

2a. Mailing Address

26 11310 Satellite Blvd,

Suite, Apt. #, etc.

22 City & State

23 Orlando, FL

27 City & State

28 Orlando, FL

Zip

Country

24 32837

25 US

Zip

29 32837

Country

30 US

9. Name and Address of Current Registered Agent

MAIERS, GERALD
855 TAFT VINELAND RD. SUITE E
ORLANDO FL 32824

81 Name

81 Maiers, Gerald

82 Street Address (P.O. Box Number is Not Acceptable)
11310 Satellite Blvd.

83

84 City
Orlando

FL 85 Zip Code
32837

10. Name and Address of New Registered Agent

4-28-97

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

Gerard J. Maiers
Signature, typed or printed name of registered agent and loc if applicable

Gerard J. Maiers, Director

4-28-97

(NOTE: Registered Agent's signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MAIERS, GERALD	1.2 NAME	
STREET ADDRESS	12088 BLACKHEATH CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	1.4 CITY-ST-ZIP	
<input type="checkbox"/> TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MAIERS, CHUCK	2.2 NAME	
STREET ADDRESS	5901 TAVENDALE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	2.4 CITY-ST-ZIP	
<input type="checkbox"/> 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	
<input type="checkbox"/> 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	
<input type="checkbox"/> 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	
<input type="checkbox"/> 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: *Gerard J. Maiers* *Gerard J. Maiers, Director* 4-28-97 407-850-0097

CR2E034 (9/96)