

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # P96000025193  
1. Corporation Name

**SALLIE MAFLEY, INC.**

Principal Place of Business	Mailing Address
3046 INDIAN RIVER DRIVE, N.E. PALM BAY, FLORIDA 32905	3046 INDIAN RIVER DR. PALM BAY, FL 32905

FILED

97 JUN 16 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>4. FEI Number</b> <b>59-3386009</b>		<b>Applied For</b>	
<b>21</b>		<b>26</b>				<b>Not Applicable</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>22</b>		<b>27</b>					
City & State		City & State		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>23</b>		<b>28</b>					
Zip	Country	Zip	Country	<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>				

**9. Name and Address of Current Registered Agent**

SALLIE MAFLEY  
3046 INDIAN RIVER DRIVE, N.E.  
PALM BAY, FL 32905

**10. Name and Address of New Registered Agent**

B1	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
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FL	85	Zip Code
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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 reinstalling)

DATA

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>D</b> TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE <b>SALLIE MAFLEY</b> <b>3046 INDIAN RIVER DRIVE, N.E.</b> <b>PALM BAY, FL 32905</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300002215993--0</b> <b>-06/18/97--01074--021</b> <b>*****165.00 *****165.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>f</b> TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>16/11/06</b>

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICIAL OR DIRECTOR

[12]

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CR2E034 (9/96)