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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026681 (2)

MAGGIE MAY'S, INC.

Principal Place of	Business
· ·	

Mailing Address

FILED May 05 1997 8:00am Secretary of State



12,402 14 012	AVE 93	460 E SHADE AVE VENICE FL 34293-1131						
					3. Date Incorporated or Qualified 03/21/1996	3a. Dat	e of Las	t Report
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			65-0653314			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired			5 Additional Required
City & State		Crty & State			Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Ζιρ 4	Country 25	Zip 29	30 Coun	try		Yes [No	r s. 199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered A	gent	
	othe, diane		į'	Name				
460 E SHADE AVE VENICE FL 34293					Idress (P.O. Box Number is Not Acceptable)			
			Ĭ,	13	,			
			[7	34 City		FL	85 Z	ip Code
office or n agent. I a SIGNATURE	registefed agent, or both, in the Sta im familiar with, and accept the obti	te of Florida. Such change wa gations of, Section 607.0505,	s authorized Florida Stati.	by the corporates.	rporation submits this statement for the p ation's board of directors. I hereby accep	the appo	enangin eintment	g its registered as registered
12.	Signalize Typed or printed name of registered a OFFICERS A	gent and little if applicable (ND DIRECTORS	OTE: Registered	Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECT	ORS IN 12
TILE	DP OF ICERS A	DELETE	1.1 (1):	E	ADDITIONS/CHANGES TO CATIC	LIIO AND	Chang	
NAME	LAMOTHE, DIANE		1.2 NAJ			•		
	460 E SHADE AVE							
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				EET ADDRESS - ST-ZIP				
CITY - ST - ZIP	VENICE FL 34293 DPST	DELETE		·ST-ZIP		l	Chang	ne Addition
CHTY+ST+ZH ^o THILE	VENICE FL 34293	☐ DELETE	14 CP	ST-ZIP			Chang	e Addition
CETY+ST-ZIF! THILE NAME	VENICE FL 34293 DPST	☐ DELETE	1 4 CP 2 1 TH 2 2 NA	ST-ZIP		7	Chang	ne 🔲 Addition
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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 iddress.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

4-25-97 (941)

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