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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000032059 (3)**

1. Corporation Name
MAZE DEVELOPMENT COMPANY

Principal Place of Business
1307 W. KENNEDY BLVD.
TAMPA FL 33606

Mailing Address
1307 W. KENNEDY BLVD.
TAMPA FL 33606-1848

3. Date Incorporated or Qualified: **04/12/1996**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3381560 — Applied For / Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
ROBBINS, JAMES JR
101 EAST KENNEDY BLVD,.
SUITE 3700, BARNETT PLAZA
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name: Uiterwyk, Steven A.
82 Street Address (P.O. Box Number is Not Acceptable): 1307 W. Kennedy Boulevard
83
84 City: Tampa **FL** 85 Zip Code: 33606

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: Steven A. Uiterwyk — 4/28/97 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	PSD ☐ Change ☒ Addition
NAME		1.2 NAME	Lee, Benjamin
STREET ADDRESS		1.3 STREET ADDRESS	110 S. Magnolia Avenue, 2nd floor
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	☐ DELETE	2.1 TITLE	VTD ☐ Change ☒ Addition
NAME		2.2 NAME	Uiterwyk, Steven A.
STREET ADDRESS		2.3 STREET ADDRESS	1307 W. Kennedy Boulevard
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 address.

SIGNATURE: Steven A. Uiterwyk 4/28/97 813-251-2765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0355232