

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

FILED

May 02 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 # P96000052125 (7)

1. Corporation Name:
MAVECO, INC.



Principal Place of Business 27555 HICKORY BLVD. BONITA SPRINGS FL 33923	Mailing Address 27555 HICKORY BLVD. BONITA SPRINGS FL 34134-8412
---	--

3. Date Incorporated or Qualified 06/17/1996	3a. Date of Last Report
---	-------------------------

2. Principal Place of Business 21 1265 Semoran Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 1265 Semoran Blvd. Suite, Apt. #, etc.
--	---

4. FEI Number 65-0681054	Applied For Not Applicable
-----------------------------	-------------------------------

22	27
----	----

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

23 Casselberry, FL City & State	28 Casselberry, FL City & State
------------------------------------	------------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	-----------------------------

24 32707 Zip	25 USA Country	29 32707 Zip	30 USA Country
-----------------	-------------------	-----------------	-------------------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
--

9. Name and Address of Current Registered Agent OUANO, EDWIN 27555 HICKORY BLVD. BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent	
81 Name KARL A. BURGUNDER	
82 Street Address (P.O. Box Number Not Acceptable) 1757 W. Broadway #4	
83	
84 City Orlando	85 Zip Code 32765

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: Karl A. Burgunder DATE: 4/22/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	OUANO, EDWIN
STREET ADDRESS	27555 HICKORY BLVD.
CITY - ST - ZIP	BONITA SPRINGS FL 33923
TITLE	<input type="checkbox"/> DELETE
NAME	CICERON, ASUNCION V
STREET ADDRESS	27555 HICKORY BLVD.
CITY - ST - ZIP	BONITA SPRINGS FL 33923
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	JOSE, AMELIA J
STREET ADDRESS	27555 HICKORY BLVD.
CITY - ST - ZIP	BONITA SPRINGS FL 33923
TITLE	<input type="checkbox"/> DELETE
NAME	LAURON, ED
STREET ADDRESS	27555 HICKORY BLVD.
CITY - ST - ZIP	BONITA SPRINGS FL 33923
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President and Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	14807 Bonnybridge Dr.
1.4 CITY - ST - ZIP	Orlando, FL 32806
2.1 TITLE	Vice-President and Director. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	14807 Bonnybridge Dr.
2.4 CITY - ST - ZIP	Orlando, FL 32806
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Joseph D. Coffineau
5.3 STREET ADDRESS	336 S. Pitney Road
5.4 CITY - ST - ZIP	Absecon, NJ 08201
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: OUANO, EDWIN DATE: 4/22/97 DAYTIME PHONE: (407) 658-7567
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (9/96)