FILE NOW: FILING FEE AFTER MAY 1ST IS \$550

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED

,	1998	DIVISION OF CO	DRPORATIONS		98 SEP 29 A	M II : 33	
DOCUMENT # P9700061245 (1) MAVERICK INVESTMENTS, INC.					SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Principal Place	e of Business	Mailing Address			818) 60 5)) 65)84 06 469 00 878 60 87 0 0 11	EL DIOLD HALL BLOCK ETTÉ LOOF	
4214 JEAN WAY							
SARASOTA F	- 94902 -	SARASOTA FL 34232			DO NOT WRITE IN THIS	S PACE	
		1. 1)		3. Date Incorpor			
9 Dringing D	loop of Rumpono.	Las Mailing Address		07/14/199 4. FEI Number	7		
21 510	lace of Business. EL VELVOUR MA	PO BOY	2272	4. FEI Number		Applied For Not Applicable	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.		5. Certificate of S	Status Desired	\$8.75 Additional	
22		27				Fee Required	
City & State	Kny Er	CARASO 14	I. Fen	6. Election Camp Trust Fund Co	· -	\$5.00 May Bo Added to Fees	
ZII	Country	Zip	Country		on owes or has paid the cu		
24 542	25 AME OH	29 34250 3	SARRESON	Personal Prop	erty Tax due June 30.	☐ Yes ☑ No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Ad	Idress of New Registered	Agent (Nove)	
LANGWORTHY, BEN B JR				N 15. 41	gwarthy	fe and	
4 214 Jean Way S arasota fi 34232 -			82 Street	dress (P.O. Box Numb	r is Not Acceptably	10	
O74	MAGOTA PL 34232		83	e v	CO- WAL		
			84 City			es Zin Codo	
		<u></u>	/حـــا	egsage,	FL FL		
11. Pursuant office or r	to the provisions of Sections 607 0502 egistered good or both in the State of	and 607.1508, Florida Statutes If Florida. Such change was au ions of, Section 607.0505, Flori	s, the above-named thorized by the con	rporation submits this s ation's board of directo	statement for the purpose ones. I hereby accept the app	changing its registered	
agent. I a	m familia, will, and lookpit the onligat	ions of, Section 607.0505, Flori	da Star Os	IL	96	1100	
SIGNATURE	Signature typod of partial name of legistered agent	and tille if applicable (NOTE:	Registered Agent signature	uired when reinstating)	DATE	720	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CH	ANGES TO OFFICERS AN		
ROLE	D CONTRACTOR DE LA CONT	DELETE	1.1 TITLE	TO PRES.	mano solo	Change Addition	
NAME	LANGWORTHY, BEN B JR		1.2 NAME	SCN 5. 9	BONATA		
STREET ADDRESS CITY-ST-ZIP	4214 JEAN WAY- SARAGOTA FL 34232-		1.3 STREET ADDRESS	SACASOLA	FG 343-3	6	
TITLE	GATAGOTA 1 E 04202	☐ DELE1E	2 1 TITLE	popor re	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition	
NAME			2.2 NAME			-	
STREET ADDRESS			23 STREET ADDRESS				
CITY- IT-ZIP			2 4 CHY-ST-ZIP	3 0	9992655	6230	
TITLE		[_] DELETE	3 1 TITLE	See L. See	-10/05/980 ****563.50	Herman of Addition	
NAME TANDALSS			3.2 NAME 3.3 STREET ADDRESS		****563.50	***563.50	
STREET ADDRESS CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		DELFTE	4.1 THILE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CHY-S1-ZIP		DELETE	4.4 CITY - ST - ZIP			Change Addition	
161LE NAME		L→ ntrut	5.1 TO LE 5.2 NAME			L Change L Addition	
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			/ \ K /	
STREET ADDRESS			6.3 STREET ADDRESS			(%)	
CHTY-ST-ZIP	artifu that the information supplied with	-a	6.4 CHY-ST-ZIP	- 0	Flacida Otal dan I dan baran	$ \lambda / \lambda / \lambda - 1$	

Thereby 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 Mormation indicated on this annual report or supplemental annual report is due and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee inpowered to execute this report as required by Chapter 607, Florida Statutos; and that my carne appears in Block 12 or Block 13 if changed or on an attendment with an address.