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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073584 (9)

MAYBE THIS TIME, INC.				
Principal Place of Business	Mailing Address			1000   11101   11131   15110   <b>110</b> 1   1001
2882 WATERFORD DRIVE SOUTH 2882 WATERFORD DRIV DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 3			DO NOT WRITE IN TH	IIS SPACE
			3. Date Incorporated or Qualified	
			08/25/1997	
2. Principal Place of Business	2a. Mailing Address		4. SEI Number 0772877	Applied For
Suite, Apt. #, etc	Suite, Apt. #, etc.		<u> </u>	Not Applicab \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
25	29	30	Personal Property Tax due June 30.	✓ Yes No
g, Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
MAZZONI, JOANNE	.•	81 Name		
2882 WATERFORD DRIVE SOUTH		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
DEERFIELD BEACH FL 33442		83		
		84 City		85 Zip Code
12. OFFICERS. TIME DANIEL HAK	AND DIRECTORS	E Registored Agent signalure requies 13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE DANIEL HAR NAME STREET ADDRESS CITY-SI-ZIP TITLE  TOANNE  TITLE	-ADIA TRAIL	12 NAME		C charge C Macrico
STREET ADDRESS 14822 5. 111.211.	mey mand	1.3 STREET ADDRESS		
CITY-SI-ZIP DEIRAY REAL CL.	33484	1.4 CITY - ST - ZIP		
THE JOANNE MAZZ	ONI DELETE	2.1 TITLE		Change Additio
NAME  SECTOTARY. TOPS  STREET ADDRESS  CITY-SI-ZIP  DECKNY Jeh, EL.	WAK. BRU TRAI	22 NAME		
STREET ADDRESS	TRICK	2.3 STREET ADDRESS		
TITLE	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Additio
NAME		3.2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-\$1-7IP		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 TITLE	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Additio
NAME	T ntrest	5.1 111LE 5.2 NAME		☐ Onange ☐ Additio
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-SI-ZIP		54 CITY - ST - ZIP		
TITLE	DELETE	61 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		63 STREET ADDRESS		
City-St-ZiP		6.4 City-St-ZiP		

14. Thereby certify that the information supplied with this filting 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 of 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:

CONTURE AND TYPED OR PRINTED NAME OF PROMING OFFICER OR DIRECTOR

April 29, 1998

**FILED** 

May 07 1998 8:00am

Secretary of State