

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

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Mar 29, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000093365</b>			
1. Corporation Name <b>JOHN T. MAFFETT, INC.</b>			
Principal Place of Business 31875 SW 1997 AVE. HOEMSTEAD FL 33033		Mailing Address 31875 SW 1997 AVE. HOEMSTEAD FL 33033	
2. Principal Place of Business 21 <del>31875 SW 1997 AVE</del> <b>WRONG</b> Suite, Apt. #, etc.		2a. Mailing Address <del>31875 SW 1997 AVE</del> <b>WRONG</b> Suite, Apt. #, etc.	
22 City & State <b>HOEMSTEAD</b>		27 City & State <b>HOEMSTEAD</b>	
23 Zip <b>33030</b>		28 Zip <b>33030</b>	
24 Country <b>USA</b>		29 Country <b>USA</b>	
9. Name and Address of Current Registered Agent <b>FINANCIAL FOUNDATIONS, INC. 2843 THAXTON DR., #37 PALM HARBOR FL 34684</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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 <i>John T. Maffett</i> DATE <b>3-16-99</b>			
12. OFFICERS AND DIRECTORS TITLE <b>D</b> NAME <b>MAFFETT, JOHN T</b> STREET ADDRESS <b>31875 SW 1997 AVE</b> CITY-ST-ZIP <b>HOEMSTEAD FL 33033</b>			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>John T. Maffett</b> 1.2 NAME <b>John T. Maffett</b> 1.3 STREET ADDRESS <b>31875 SW 197 Ave</b> 1.4 CITY-ST-ZIP <b>31875 SW 197 Ave</b>			

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)