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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State
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DOCUI	MENT # P97	000093	365			
,	MAFFETT, INC.					
Principal Place	e of Business	Mai	ling Address		אמפו זוום אפווס פוונו מפונו מהופו פווסס וווסס אומס וווסס וווסס אומס ו	
31875 SW 1997	*		5-SW 1997 AVE.			
HOEMSTEAD FI	133033 NIRONO	9 HOE	MSTEAD FL 33033		DO NOT WRITE IN THIS SPACE	
		<i>'</i>			3. Date Incorporated or Qualifed	7
	, K	ight	, `		10/30/1997	
2. Principal Pl	lace of Business	2a.	Mailing Addres	- 5,	4. FEI Number Applied For	7
21314	275-46-1	97 A		RMC_		3==
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	:72	5. Certificate of Status Desired   \$8.75 Additional	1
22	<del></del>	27	City 9 Ct-t-		Fee Required	$\dashv$
City & State	mestell	- 28	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip 33	030 Country	SA 29	Zip 3	Country SA	8. This corporation owes the current year Intangible Personal Property Tax.   Yes  No	
	9. Name and Address				10. Name and Address of New Registered Agent	
F13.14	NOW FOUNDATIONS	110		81 Name		
	INCIAL FOUNDATIONS, B THAXTON DR., #37	INC.		82 Street A	Address (P.O. Box Number is Not Acceptable)	7
1	M HARBOR FL 34684			83		┪
,	WI I PARESON I E CHOOT					
,				84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections	s 607.0502 and 60	7.1508, Florida Statutes	, the above-named o	comporation submits this statement for the nurnose of changing its registered	┤ '
l office or n	egistered agent, or both, in min familiar with, and accept	the State of Florids	e. Such channe was auti	norized by the corpo	oration's board of directors, I hereby accept the appointment as registered	ţ
SIGNATURE	04 97	WISK	•	-	3.16-99	-
	Signature typed or printed name of re	· / · · · · · · · · · · · · · · · · · ·		egistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	J &
12.	D/	CERS AND DIREC	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(11/98)
NAME	MAFFETT, JOHN T		<b></b>	1,2 NAME	John + Meddoll	
STREET ADDRESS	31875 SW 1007-AVE	Wrong		1,0 STREET ADDRESS	721975 SW 197 Ave	CR2E034
CITY-ST-ZIP	HOEMSTEAD FL 3303			1.4 CITY-ST-ZIP	1 21010 3 11	_  છે
TITLE			☐ DELETE	2.1 TITLE	Change Addition	'l <sup>0</sup>
NAME				2.2 NAME	=	_
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP			DELETE	2.4 City-St-ZiP	Change Addition	╗
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		=
CITY-ST-ZIP	}-			3.4. CITY-ST-ZIP		1
TITLE			☐ DELETE	4.1 TITLE	Change Addition	'{
NAME				, 4, 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		1
CITY-ST-ZIP	<del> </del>	<u> </u>	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition	1
TITLE				5.2 NAME		
NAME STREET ADDRESS	{			5.3 STREET ADDRESS		1
CITY-ST-ZIP				5.4 CITY-ST-ZIP		
TITLE			☐ DELETE	6.1 TILE	☐ Change ☐ Addition	1
NAME +				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-ST-ZIP	L			6.4 CITY-ST-ZIP		لـ

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:** 

WARD TO THE DESIGNING OFFICER OF DIRECTOR

305-248-5008

And the second s