SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000016216/1

MARAMAC DEVELOPMENT CORPORATION

Principal Place of Business

12739 DEVONSHIRE LAKES CIRCLE FORT MYERS FL 33913

an officer or director of the corporation of in Block 12 or Block 13 if changed, or op-

SIGNATURE:

Mailing Address

12739 DEVONSHIRE LAKES CIRCLE

FORT MYERS FL 33913

## FILED Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90013 049 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified

			02/18/1998	
2. Principal Place of Business	2a. Mailing Address		4 FFI Number	Applied For
21 11581 WESTUNI	(5 DK. 26 /1581 WE	ESTLINKS DI	K. 63-007/863	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	LORIDA · City & State	FLORIDA	6. Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
	///	Country	This corporation owes the current year	/
Zip 389/3 Count	1.5. 29 339/3	30 4.5.	Intangible Personal Property.	Yes No
9. Name and Addr	ess of Current Registered Agent		10. Name and Address of New Registered	
MACLEOD, RONALD A		81 Name	DE RONALD A MACLE dress (P.O. Box Number is Not Acceptable) WEST LINKS DK	60
12739 DEVONSHIRE LA	KES CIRCLE	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
FORT MYERS FL 33913		//5	BI WESTLINKS DA	•
FORT MILITO IC 33313	•	83		
		84 City	MYERS FLORIDA FL	85 339/3
11. Pursuant to the provisions of se	ctions 607.0502 and 607.1508, Florida Statute	a the shows named corn	noration cubmite this statement for the numose of Cl	hanging its registered
office or registered agent, or bo agent. I am familiar with, and ag	th, in the State of Florida. Such change was a scept the obligations of, section 607.0505, Flo	aumonzed by the corpora orida Statutes.	ation's board of directors. I hereby accept the appo	mment as registered
SIGNATURE	, ,			
Signature, typed or printed name	ne of registered agent and title if applicable. (NC	OTE: Registered Agent signature re		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	
TITLE D	DELETE	1.1 TITLE	P a serial Property A.	Change Addition
NAME MACLEOD, RONA	ALD A	1.2 NAME	MACLEOD, RONALD A.	
STREET ADDRESS 12739 DEVONSH	IRE LAKES CIRCLE	1.3 STREET ADDRESS	11581 WESTLINKS DK.	
CITY-ST-ZIP FORT MYERS FL	33913	1.4 CITY-ST-ZIP	FT. MYEKS, FL. 339	<u> </u>
TITLE D	DELETE	2.1 TITLE	5 · T·	Change Addition
NAME MACLEOD, MARY	•	2.2 NAME	MARY MACLEDO	_
STREET ADDRESS 12739 DEVONSH	IRE LAKES CIRCLE	2.3 STREET ADDRESS	11581 WESTLINKS DR	
CITY-ST-ZIP FORT MYERS FL	33913	2.4 CITY-ST-ZIP	11581 WESTLINKS DR	915
TITLE	DELETE	3.1 TETLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		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		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
CITY_ST_7IP i				Change Addition
CITY-ST-ZIP	Delete	6.1 TITLE		Change
TITLE	DELETE	6.1 TITLE 6.2 NAME		Orlange Floation
TITLE NAME	DELETE	6.2 NAME		Onange Accounts
TITLE	DELETE			Change / Addition