## 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** 

## DOCUMENT # **P98000041109**1. Corporation Name

MAVRICK ENTERPRISES, INC.

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90056 011 \*\*\*150.00



Principal Place	e of Business	Mailing Address									
924 E. SAMPLE	ROAD	924 E. SAMPLE RO	DAD								
POMPANO BEA	CH FL 33064	POMPANO BEACH	FL 33064								
								DO NOT WE		SPACE	
						3.		rated or Qualifed	3		ì
							05/06/199	8			
2. Principal Pl	lace of Business	2a. Mailing Addres	SS			4.	FEI Number			<u> </u>	pplied For
21		26									ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, 6	etc.				Certifcate of	Status Desired			Additional
22		27				J.				Fee R	equired
City & State		City & State	City & State			6.	Election Cam	paign Financing	, 🗆	\$5.00	May Be
23 28							Trust Fund C	ontribution		Added	to Fees
Zip	Country	Zip	c	Country		8.	This corporat	ion owes the cu	rrent year In	tangible	_
24	25	29	30				Personal Pro			Yes	□No
•	9. Name and Address of Cur	rent Registered Agent				10.	Name and A	ddress of New	Registered	Agent	
				81	Name						
FILIN	NGS, INC.					. A alabana a . / (	dress (P.O. Box Number is Not Acceptable)				
3732	N.W. 16TH STREET			82	Street	Address (F	P.O. BOX NUME	er is not Accep	nablej		
FT. L	LAUDERDALE FL 33311-4132			83							. ,
				84	City				FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0	1502 and 607.1508. Florida	a Statutes, the	e above	e-named	corporatio	n submits this	statement for th	e purpose of	changing its	s registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obt	ate of Florida. Such change	e was authona	zed by	the corpo	oration's b	oard of director	rs. I hereby acco	ept the appo	intment as re	egistered
SIGNATURE							_				
Signature, typed or printed name of registered agent and title if applicable. (NOTE:			(NOTE: Registe	Registered Agent signature require					DATE	NO DIDECT	000 111 40
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14. I hereby certify that the information applied 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 day an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP