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 # P98000076076 1. Corporation Name

MAUDI MAY, INC.

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90090 001 ***150.00

Principal Place of Business 1589 N. NOVA RD. HOLLY HILL FL 32117 Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualified 08/28/1998 4. FEI Number 5. Certifcate of Status Desired 5. Certifcate of Status Desired 5. S. O. May 6. Election Campaign Financing 7. Trust Fund Contribution 7. Trust Fund Contribution 7. Trust Fund Contribution 7. Personal Property Tax. 7. Yes 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. This corporation owes the current year Intangilin's 7. Personal Property Tax. 8. This corporation owes the Current Registered Agent 10. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 8. This corporation owes the Current Registered Agent 8. This corporation owes the Current Registered Agent 8. This corporation owes the Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I hard an armilian with, and accept the obligations of Section 607.0505, Florida Statutes.
HOLLY HILL FL 32117 HOLLY HILL FL 32117 HOLLY HILL FL 32117 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/28/1998 2. Principal Place of Business 3. Date Incorporated or Qualifed 08/28/1998 4. FEI Number Sq. 35.3.5.7.6 Not Applied Suite, Apt. #, etc. 22
3. Date incorporated or Qualifed 08/28/1998 2. Principal Place of Business 21. Hall Hall Hall Hall Hall Hall Hall Hal
2. Principal Place of Business 3. FEI Number 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Country 7. Sup Country 8. This corporation owes the current year Intagir's 7. Personal Property Tax. 9. Name and Address of Current Registered Agent 7. Name 8. Name 8. Name 8. Street Address of New Registered Agent 8. Name 8. Street Address of New Registered Agent 8. This corporation owes the current year Intagir's 8. Name 8. Street Address of New Registered Agent 8. Name 8. Street Address of New Registered Agent 8. Street Address of
2. Principal Place of Business 2. Mailing Address 2. Applied 2. Principal Place of Business 2. Applied 2. FEI Number 3. Suite, Apt. #, etc. 2. Applied 3. Suite, Apt. #, etc. 2. Applied 3. Suite, Apt. #, etc. 3. Applied 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Trust Fund Contribution 7. Added to Fee 7. Added to Fee 7. Applied 8. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 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 register 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 register
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 15 89 N. No VA Rd 27 15 89 N. No VA Rd 5. Certificate of Status Desired Fee Require
23 H6 H H 1 H 28 H 6 H 1 Trust Fund Contribution Added to Fee Zip Country 3 J 1 25 V 6 V 5 M 29 3 J 1 30 V 6 V 5 M Personal Property Tax. Yes Make Colleman, PATSY L 1589 N. NOVA RD. HOLLY HILL FL 32117 21 PL Street Address (P.O. Box Number is Not Acceptable) 22 Street Address (P.O. Box Number is Not Acceptable) 23 J 1 V 6 V 5 M Personal Property Tax. Yes Make Make Make Make Make Make Make Make
24 33/17 25 VG/USIN 29 32/17 30 VG/USIN Personal Property Tax. Yes ZNo. 9. Name and Address of Current Registered Agent COLEMAN, PATSY L 1589 N. NOVA RD. HOLLY HILL FL 32117 82 Street Address (P.O. Box Number is Not Acceptable) 83 VG/USIN Personal Property Tax. 84 City FL 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 regist 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, 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.
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SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME D Change 1
TITLE D Change C
NAME RICHMOND, LAURA LEE STREET ADDRESS 133 NORTHBROOK LANE 12 NAME 1.2 NAME 1.3 STREET ADDRESS 1589 N. NOVA Rd.
STREET ADDRESS 133 NORTHBROOK LANE 1.3 STREET ADDRESS 1589 N. Nova Ka.
CITY-ST-ZIP ORMOND BEACH FL 32174 14 CITY-ST-ZIP Holly H; N F A . 3 2 1 N TILE D □ DELETE 21 TILE □ Change □
NAME COLEMAN, PATSY L 22 NAME
STREET ADDRESS 1589 N. NOVA RD. 23 STREET ADDRESS
CITY-ST-ZIP HOLLY HILL FL 32117 2.4 CITY-ST-ZIP
TITLE DELETE 3.1 TITLE Change
NAME 32 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 34, CITY-ST-ZIP
TITLE DELETE 4.1 TITLE Change

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.

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

ColeMAN-Director, OWNER

☐ Change

___ Change

☐ Addition

Addition

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