

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S46919 (4)**
1. Corporation Name
MARY D., INC.



Principal Place of Business: **2122 E. COLONIAL DRIVE ORLANDO FL 32803 US**
Mailing Address: **2677 ABBEY ROAD WINTER PARK FL 32792**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 04/19/1991	3a. Date of Last Report 05/11/1995
4. FEI Number 59-3063928	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**DEVEY, MARY J.
2677 ABBEY ROAD
WINTER PARK FL 32792**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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		DATE	
Signature, type for printed name of each signatory and the applicable (Note: Registered Agent signature remains unchanged.)			
12. OFFICERS AND DIRECTORS			
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	DEVEY, MARY J.		
STREET ADDRESS	2677 ABBEY ROAD		
CITY-ST-ZIP	WINTER PARK FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2. NAME			
3. STREET ADDRESS			
4. CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6. NAME			
7. STREET ADDRESS			
8. CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
9. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
10. NAME			
11. STREET ADDRESS			
12. CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Mary J. Devey* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/4/96 (407) 895-6011 Date Date of Filing

CR2E034 (12/95)