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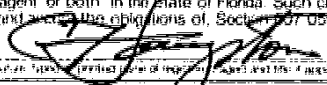
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95 MAY -1 AM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V67806 (2) 1. Corporation Name MOUNT MAYA, INC.			
Principal Place of Business 16681 MCGREGOR BLVD. #206 FT. MYERS FL 33908 US		Mailing Address 16681 MCGREGOR BLVD. #206 FT. MYERS FL 33908 US	
2. Principal Place of Business 21 16541 S. Oleander Dr.		2a. Mailing Address 26 16541 S. Oleander Dr.	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 Ft Myers, FL		City & State 28 Ft Myers, FL	
Zip 24 33908		Country 25 USA	
Zip 29 33908		Country 30 USA	
9. Name and Address of Current Registered Agent CRAIG, PETER D. 7139 COLUMBIA CR. FT. MYERS FL			
10. Name and Address of Now Registered Agent 81 Name MCRAE, C. HAMPTON 82 Street Address (P.O. Box Number is Not Acceptable) 16541 S. Oleander Dr. 83 84 City Ft Myers FL 85 Zip Code 33908			
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 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 607.0503, Florida Statutes. SIGNATURE  DATE 4/26/95			
12. OFFICERS AND DIRECTORS TITLE DP NAME MCRAE, C. HAMPTON STREET ADDRESS 16541 S. OLEANDER DR. CITY, ST, ZIP FT. MYERS FL TITLE DV NAME CRAIG, PETER D. STREET ADDRESS 7139 COLUMBIA DR. CITY, ST, ZIP FT. MYERS FL			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP			
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. Further, I certify that the information included 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:  C. Hampton McRae 4/26/95 (813) 454-5072 DIRECTOR AND TYPE OR PRINTED NAME OF JOINING OFFICER OR DIRECTOR			