Pg 1 of 2

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FL[illegible]PARTMENT OF
[illegible]dra [illegible]cham
[illegible]retary of State
DIVISION OF CORPORATION

96 97 AR

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 680875 (2)

1. Corporation Name

CHET MAKSIMOWICZ, INC. 96-97

Principal Place of Business	Mailing Address
4941 56TH WAY NORTH C/O MARK S. MAKSIMOWICZ ST. PETERSBURG FL 33709	4941 56TH WAY NORTH C/O MARK S. MAKSIMOWICZ ST. PETERSBURG FL 33709

3. Date Incorporated or Qualified: 08/04/1980
3a. Date of Last Report: 12/14/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2185894 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAKSIMOWICZ, MARK S.
5445-48 AVENUE N.
ST. PETERSBURG FL 33709

Mark S Maksimowicz

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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 Mark S Maksimowicz
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 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITMORE, DAVID		1.2 NAME	
STREET ADDRESS	5750 80TH STREET N		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MAKSIMOWICZ, ANTOINETTE		2.2 NAME	
STREET ADDRESS	4941 56TH WAY NORTH		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MAKSIMOWICZ, MARK S		3.2 NAME	
STREET ADDRESS	4941 56TH WAY NORTH		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MAKSIMOWICZ, JOSEPH		4.2 NAME	
STREET ADDRESS	4941 56TH WAY NORTH		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MAKSIMOWICZ, CHESTER F		5.2 NAME	
STREET ADDRESS	4941 56TH WAY NORTH		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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****375.00 ****375.00

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Chester Maksimowicz 4/8/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PER PHONE CONVERSATION WITH ANDY FROM YOUR OFFICE IS AS FOLLOWS:

I HAVE BEEN INC. AS MAKSIMOWICZ INC. FOR GOOD MANY YEARS WITH NO PROBLEM. LAST YEAR THOUGH I BECAME INCAPACITATED FOR SEVERAL MONTHS DUE TO HAVING A STROKE, AM NOW ON DISABILITY. STROKE OCCURED ON JULY 22, 1996 WAS UNABLE TO FUNCTION UNTIL RECENTLY. MY SON-IN-LAW NOW HAS CONTROL OF BUSINESS & INC.

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

THANK YOU FOR CONSIDERATION OF NOT BEING ABLE TO RENEW ON TIME.

WOULD APPRECIATE YOUR UNDERSTANDING OF THIS. SENDING BACK CHECK & APPLICATION.

THANKING YOU AGAIN

CHET MAKSIMOWICZ

Chet Maksimowicz

P.S. STROKE AFFECTED MY ABILITY TO THINK FOR SOME TIME ESPECIALLY LAST YEAR. THINGS ARE MUCH BETTER NOW. IF YOU NEED ANY MORE INFO. PLEASE LET ME KNOW,