


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90007 015 ***550.00

012781

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F97000005610 ✓
 1. Corporation Name
MAXIM RETAIL STORES, INC.

Principal Place of Business 616 E. WALNUT AVE. DALTON GA 30720	Mailing Address PO DRAWER 2128 DALTON GA 30722 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 210 Town Park DR		26 210 Town Park DR		10/22/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
				58-2240473	
23 Kennesaw, GA		28 Kennesaw, GA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 30144		29 30144		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA		30 USA		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BELL, VANCE D	
STREET ADDRESS	616 E. WALNUT AVE.	
CITY-ST-ZIP	DALTON GA 30720	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LAUGHTER, BENNIE M	
STREET ADDRESS	616 E. WALNUT AVE.	
CITY-ST-ZIP	DALTON GA 30720	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HOSKINS, DOUGLAS H	
STREET ADDRESS	616 E. WALNUT AVE.	
CITY-ST-ZIP	DALTON GA 30720	
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

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michael Degrae	
1.3 STREET ADDRESS	210 Town Park DR	
1.4 CITY-ST-ZIP	Kennesaw, GA 30144	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gary Bugliera	
2.3 STREET ADDRESS	210 Town Park DR	
2.4 CITY-ST-ZIP	Kennesaw, GA 30144	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Thomas Leahy	
3.3 STREET ADDRESS	210 Town Park DR	
3.4 CITY-ST-ZIP	Kennesaw, GA 30144	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	A.S. Nassar	
4.3 STREET ADDRESS	210 Town Park DR	
4.4 CITY-ST-ZIP	Kennesaw, GA 30144	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Thomas Leahy	
5.3 STREET ADDRESS	210 Town Park DR	
5.4 CITY-ST-ZIP	Kennesaw, GA 30144	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Michael Degrae	
6.3 STREET ADDRESS	210 Town Park DR	
6.4 CITY-ST-ZIP	Kennesaw, GA 30144	

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.

SIGNATURE: *Gary Bugliera* **REQUIRED** 7-20-99 678-355-4157
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)