

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 # **H57651** (2)

1. Corporation Name
MAXFIELD DEVELOPMENTS, INC.



Principal Place of Business: C/O ROBERT E. WOODARD, PO BOX 670, WINDERMERE FL 34786
Mailing Address: C/O ROBERT E. WOODARD, PO BOX 670, WINDERMERE FL 34786

3. Date Incorporated or Qualified: **05/20/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2534979**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **WOODARD, ROBERT E, 60 NORTH FOREST STREET, WINDERMERE FL 34786**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 the date of signature. NOTE: Registered Agent signature required when resubmitting.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HEIDRICH, PAUL JR. 1950 MIZEL AVE WINTER PARK FL 32792	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDRICH, PAUL JR.	1.2 NAME	
STREET ADDRESS	1950 MIZEL AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32792	1.4 CITY - ST - ZIP	
TITLE	VD HILAL, TALAL E 600 SOUTH ORLANDO AVE. MAITLAND FL 32751	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILAL, TALAL E	2.2 NAME	
STREET ADDRESS	600 SOUTH ORLANDO AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL 32751	2.4 CITY - ST - ZIP	
TITLE	TCO WOODARD, ROBERT E 60 NORTH FOREST STREET WINDERMERE FL 34786	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODARD, ROBERT E	3.2 NAME	
STREET ADDRESS	60 NORTH FOREST STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINDERMERE FL 34786	3.4 CITY - ST - ZIP	
TITLE	SD JORGENSEN, PHILIP D 128 PARSON ROAD LONGWOOD FL 32779	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGENSEN, PHILIP D	4.2 NAME	
STREET ADDRESS	128 PARSON ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32779	4.4 CITY - ST - ZIP	
TITLE	D OWENS, PAUL D 1312 W. WASHINGTON STREET ORLANDO FL 32805	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, PAUL D	5.2 NAME	
STREET ADDRESS	1312 W. WASHINGTON STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32805	5.4 CITY - ST - ZIP	
TITLE	D PRICE, ALAN 921 JUANITA ROAD WINTER PARK FL 32789	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, ALAN	6.2 NAME	
STREET ADDRESS	921 JUANITA ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32789	6.4 CITY - ST - ZIP	

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: *Robert E. Woodard* *Robert E. Woodard* 4-29-96 407-876-3680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)