

**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 # **P95000028466 (7)**

1. Corporation Name

**MAXIMILLIAN PROPERTIES, CORP.**



Principal Place of Business

Mailing Address

**8773 SHADOWOOD  
CORAL SPRINGS FL 33071**

**8773 SHADOWOOD  
CORAL SPRINGS FL 33071**

3. Date Incorporated or Qualified  
**04/11/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**65-0263340**

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

**LALLIER, MARC  
8773 SHADOWOOD  
CORAL SPRINGS FL 33071**

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

Signature (Type or print name of the registered agent and date)

(NOTE: Registered Agent signature is not required.)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<b>D</b> <b>LALLIER, MARC</b>	<b>8773 SHADOWOOD</b>	<b>CORAL SPRINGS FL 33071</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>P</b> <b>MARC Lallier</b>	<b>8773 Shadowood</b>	<b>Coral Springs FL 33071</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>V</b> <b>MAX GRASSEGER</b>	<b>8773 Shadowood</b>	<b>Coral Springs FL 33071</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>M</b> <b>BERNADETTE GRASSEGER</b>	<b>8773 Shadowood</b>	<b>Coral Springs FL 33071</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>S</b> <b>Maxiene Lallier</b>	<b>8773 Shadowood</b>	<b>Coral Springs FL 33071</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Marc Lallier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/16/96** **305-494-1584**  
DATE PHONE

CR2E034 (12/95)