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**Apr 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P95000028466*
1. Corporation Name
Maximillian Properties Corp.

Principal Place of Business: *8773 Shadowood Coral Spring Florida 33071*
Mailing Address: *516 Elmwood DR. Hudson N.H. 03051*

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 25
28. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: *4-11-95* 3a. Date of Last Report: *5-13-96*
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
*Marc Lallier
8773 Shadowood Blvd.
Coral Spring Fl. 33071*

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 607.0506, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	<i>President</i>	<input type="checkbox"/> DELETE
NAME	<i>Marc Lallier</i>	
STREET ADDRESS	<i>8773 Shadowood Blvd.</i>	
CITY - ST - ZIP	<i>Coral Spring FL 33071</i>	
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	<i>Vice President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>Marianne Lallier</i>	
1.3 STREET ADDRESS	<i>516 Elmwood DR</i>	
1.4 CITY - ST - ZIP	<i>Hudson N.H. 03051</i>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

4/11/97

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14. I do 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 contained 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 a partner 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, changed or unchanged, with an address.

SIGNATURE: *Marc Lallier* 3-21-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day in Month Year

CR2E034 (9/96)