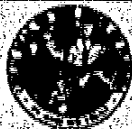


FILE NOW: FILING FEE AFTER MAY 1-10-1995 \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**5/11 APPROVED
AND
FILED**

95 MAY -1 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V53363

(0)

1. Corporation Name

MAXIMUM IMPACT, INC.

Principal Place of Business

**901 NW 8 AVE
2D
GAINESVILLE FL 32601
US**

Mailing Address

**901 NW 8 AVE
2D
GAINESVILLE FL 32601
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/27/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3133992

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

**FALTZ, DAVID
901 NW 8 AVE
2D
GAINESVILLE FL 32601**

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, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when certifying

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FALTZ, DAVID
STREET ADDRESS	901 NW 8 AVE 2D
CITY - ST - ZIP	GAINESVILLE FL
TITLE	VT
NAME	MARTIN, JOHN J
STREET ADDRESS	901 NW 8 AVE 2D
CITY - ST - ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	V/T
2.3 STREET ADDRESS	ABELES, ALAN
2.4 CITY - ST - ZIP	901 NW 8 AVE 2D GAINESVILLE, FL 32601
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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:

SIGNATURE AND PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/13/95 (904) 371-307