

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 30 1997 8:00am
Secretary of State

DOCUMENT # 511313 (9)
1. Corporation Name
MAXMEDIA, INC.



Principal Place of Business

Mailing Address

170 W FAIRBANKS AVE #203
BOX 847
WINTER PARK FL 32789

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BOX 847
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/26/1976	3a. Date of Last Report 03/29/1996
4. FEI Number 59-1685793	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 450 East Las Olas Blvd.

23 City & State

27 Suite 1200
28 Fort Lauderdale, FL

24 Zip Country

29 33301 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, WILLIAM M	
STREET ADDRESS	170 W FAIRBANKS AVE #203	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, MICHAELINE	
STREET ADDRESS	170 W FAIRBANKS AVE #203	
CITY-ST-ZIP	WINTER PARK FL	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hudson, Harris W.	
1.3 STREET ADDRESS	450 East Las Olas Blvd., Suite	
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Huizenga, Jr., H. Wayne	
2.3 STREET ADDRESS	450 East Las Olas Blvd., Suite 1200	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
3.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cole, James D.	
3.3 STREET ADDRESS	450 East Las Olas Blvd., Suite 1200	
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hyle, Kathleen	
4.3 STREET ADDRESS	450 East Las Olas Blvd., Suite 1200	
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
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		

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 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.

CR2E034 (4/97)