## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 541079

1. Corporation Name

BLUE MAX INDUSTRIES CORP.

Principal	Place	of	Business

Mailing Address

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90023 024 \*\*\*150.00



2225 SW 61ST AVENUE 2225 SW 61ST AVENUE MIRAMAR FL 33023 MIRAMAR FL 33023			DO NOT WRITE IN THIS SPACE								
	,						3. Date Incorporated or Qualifed 07/08/1977				
Principal Place of Business     2a. Mailing Address				4. FEI Number	_ 	Applied For					
21		26				59-1927357		Not Applicable			
Suite, Apt. i	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired		5 Additional				
22	27					Fee	Required				
City & State	City & State City & State			) (	6. Election Campaign Financing		00 May Be				
23		28					Trust Fund Contribution	_	ed to Fees		
Zip	Country	·	Zip Country			1	8. This corporation owes the current year Intangible  Personal Property Tax.  Yes No				
24	9. Name and Address of Curren	29	Agent 30	!			Personal Property Tax.				
	9. Name and Address or Curren	t Registereu	Agent	81	T	Name	V. Hame and Address of New Registeres A	90			
DAVI	d, Louise				Ľ						
2225 SW 61ST AVENUE P.O.BOX 4131			82	8	Street Address	(P.O. Box Number is Not Acceptable)	-				
MIRAMAR FL 33023			83	-		· · · · · · · · · · · · · · · · · · ·					
								<del> </del>			
	•			84	۱ ۲	City	FL	85 Z	ip Code		
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.150	08. Florida Statutes.	the above	e-n	named corporati		Ll_ hanging	its registered		
office or re	egistered agent, or both, in the State	of Florida, Suc	ch change was auth	orized by	the	e corporation's	ion submits this statement for the purpose of cl board of directors. I hereby accept the appoint	ment as	registered		
1	n tamiliar with, and accept the obliga	nons or, secu	011 007.0303, 1 10110	1 Statutes	,						
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applica	ble. (NOTE: Re	gistered Ager	nt sig	ignature required whe	on reinstating) OATE				
12.	OFFICERS AN	D DIRECTOR	RS	13.			ADDITIONS/CHANGES TO OFFICERS AND				
TITLE	Р		☐ DELETE	1.1 TITLE	-			Chan	ge Addition		
NAME	DAVID, ROBERT	1.2 NAME									
STREET ADDRESS	2225 SW 61ST AVENUE	1.3 STRE		1.3 STREET	TAD	DORESS			<u> </u>		
CITY-ST-ZIP	MIRAMAR FL			1.4 CITY-S	T-ZI	ŽIP .					
TITLE	ST		☐ DELETE	2.1 TITLE			Change				
NAME	DAVID, LOUISE			2.2 NAME							
STREET ADDRESS	-2225 SW.61ST AVENUE	و بيديد بحدد		2.3 STREET	TAD	DDRESS		~·			
CITY-ST-ZIP	MIRAMAR FL			2. 4 CITY-5	ST-Z	ŻIP					
TITLE			☐ DELETE	3.1 TITLE				Chan	ge		
NAME				3.2 NAME							
STREET ADDRESS	•			3.3 STREET	TAD	DDRESS					
CITY-ST-ZIP				3.4. CITY-5	ST-Z	ZIP					
TITLE			☐ DELETE	4.1 TITLE				Chan	ge  Addition		
NAME	,			4. 2 NAME							
STREET ADDRESS				4.3 STREE	T AD	DORESS			ľ		
CITY-ST-ZIP				4.4 CITY-S	T-ZI	ZIP	<u> </u>				
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NAME				5.2 NAME							
STREET ADDRESS				5.3 STREE	T AD	DDRESS					
CITY-ST-ZIP				5.4 CITY-S	T-ZI	ZIP					
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14. I 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, with all other like empowered.

SIGNATURE:

Daytime Phone #