

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

FILED

Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 680875 (2)
1. Corporation Name
CHET MAKSIMOWICZ, INC.



Principal Place of Business 4941 56TH WAY NORTH C/O MARK S. MAKSIMOWICZ ST. PETERSBURG FL 33709	Mailing Address 4941 56TH WAY NORTH A. MAKSIMOWICZ ST. PETERSBURG FL 33709
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 08/04/1980	4. FEI Number 59-2185894	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes \$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		

9. Name and Address of Current Registered Agent
MAKSIMOWICZ, MARK S.
5445-48 AVENUE N
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent
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 Antoinette Maksimowicz ANTOINETTE MAKSIMOWICZ 1-10-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	WHITMORE, DAVID
STREET ADDRESS	5750 80TH STREET N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	MAKSIMOWICZ, ANTOINETTE
STREET ADDRESS	4941 56TH WAY NORTH
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	MAKSIMOWICZ, MARK S
STREET ADDRESS	4941 56TH WAY NORTH
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	MAKSIMOWICZ, JOSEPH
STREET ADDRESS	4941 56TH WAY NORTH
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	MAKSIMOWICZ, CHESTER F
STREET ADDRESS	4941 56TH WAY NORTH
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	AGENT & SEC. <input type="checkbox"/> DELETE
NAME	ANTOINETTE MAKSIMOWICZ
STREET ADDRESS	4941 56 WAY NO
CITY-ST-ZIP	ST. PETERSBURG, FL 33709

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	V.P. JANICE WHITMORE
1.3 STREET ADDRESS	1050 STARKEY RD.
1.4 CITY-ST-ZIP	LARGO, FL. 33771
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAVID WHITMORE
2.3 STREET ADDRESS	1050 STARKEY RD.
2.4 CITY-ST-ZIP	LARGO, FL. 33771
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	

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.

SIGNATURE: Charles Maksimowicz 1-10-98

CR2E034 (10/97)