FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734875 (8)

1. Corporation Name

MAXIMO MOORINGS VILLAS, INC.

Principal Place of Business	Mailing Address
4901 38TH WAY SOUTH ST. PETERSBURG FL 33711	4901 38TH WAY SOUTH ST. PETERSBURG FL 33711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1976
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-2104866 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
Zip (24) / County (25)	Zip (29) / County (30)	8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTIN, JAMES R 4901 38TH WAY S #3-C ST. PETERSBURG FL 33711	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, OSCAR	12 NAME	
STREET ADDRESS	4901 38TH WAY S.	13 STREET ADDRESS	DELETE
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MARTIN, JAMES	22 NAME	
STREET ADDRESS	4901 38 WAY S	23 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 0	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	TD ☑ Change ☐ Addition
NAME	MADENFORD, EDWARD	32 NAME	MADENFORD, EDWARD
STREET ADDRESS	4901 38TH WAY SO	33 STREET ADDRESS	4901 38TH WAY SO
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	ST PETERSBURG, FL 33711
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MOLNAR, NORMA	42 NAME	DELETE
STREET ADDRESS	4913 38TH WAY SO	43 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☐ Change ☑ Addition
NAME	JOHNSTON, FLOYD	52 NAME	CASPERS MARTIN
STREET ADDRESS	4901 38TH WAY SO	53 STREET ADDRESS	4901 38TH WAY S
CITY-ST-ZIP	ST PETERSBURG FL	54 CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE		61 TITLE	TD ☐ Change ☑ Addition
NAME		62 NAME	CONDON, CANDICE
STREET ADDRESS		63 STREET ADDRESS	4925 38TH WAY S
CITY-ST-ZIP		64 CITY-ST-ZIP	ST PETERSBURG, FL 33711

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James R Smack Pres 4/10/95 813-866-0663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0056103