

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **734875** (8)

1. Corporation Name
MAXIMO MOORINGS VILLAS, INC.



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

3. Date Incorporated or Qualified **02/03/1976** 3a. Date of Last Report **04/27/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-2104866** 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

9. Name and Address of Current Registered Agent
MARTIN, JAMES R
4901 38TH WAY S #3-C
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent
 81 Name **ANTHONY CELONA**
 82 Street Address (P.O. Box Number is Not Acceptable) **4925 38TH WAY S #12A**
 83
 84 City **ST PETERSBURG** FL 85 Zip Code **33711**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Anthony Celona* DATE **6/19/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CONDON, CARUCE	
STREET ADDRESS	4925 38TH WAY S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, JAMES	
STREET ADDRESS	4901 38 WAY S	
CITY-ST-ZIP	ST PETERSBURG, FL 0	
TITLE	TD - SO	<input type="checkbox"/> DELETE
NAME	MADENFORD, EDWARD	
STREET ADDRESS	4901 38TH WAY SO	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASPERS, MARTIN	
STREET ADDRESS	4901 38TH WAY S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOEL LESSER	
1.3 STREET ADDRESS	4925 38TH WAY S	
1.4 CITY-ST-ZIP	ST PETERSBURG, F 33711	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANTHONY CELONA	
2.3 STREET ADDRESS	4925 38TH WAY S #12-A	
2.4 CITY-ST-ZIP	ST PETERSBURG, F 33711	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EDWARD MADENFORD	
3.3 STREET ADDRESS	4901 38TH WAY S	
3.4 CITY-ST-ZIP	ST PETERSBURG, F 33711	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GEORGE ALLEN	
5.3 STREET ADDRESS	4925 38TH WAY SOUTH #12-C	
5.4 CITY-ST-ZIP	ST PETERSBURG, F 33711	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Anthony Celona* DATE **6/19/96** DAYTIME PHONE # **866-3237**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)