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Jul 07 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 # **F84940** (8)
1. Corporation Name
MAX DAVIS ASSOCIATES, INC.

Principal Place of Business 1501 NORTHPOINT PKWY. SUITE 104 WEST PALM BEACH FL 33407 US	Mailing Address 1501 NORTH POINT PKWY 104 WEST PALM BEACH FL 33407 US
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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 Country	2a. Mailing Address 26 P.O. Box 3935 27 Suite, Apt. #, etc. 28 City & State 29 SOUTH BEND, INDIANA 30 Zip 31 Country	3. Date Incorporated or Qualified 07/01/1982 4. FEI Number 59-2207359 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
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9. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE, SUITE 500E
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name REX CARLILE	82 Street Address (P.O. Box Number is Not Acceptable) 1501 N. POINT PARKWAY	83 SUITE 104	84 City WEST PALM BEACH, FL	85 Zip Code 33407
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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 **REX CARLILE** *[Signature]* **4-20-98**
Signature, typed or printed name of registered agent and for if applicable (Not: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, JOHN M 11048 OAK WAY CIRCLE PALM BCH GARDENS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CHAIRMAN CARLILE, REX 2612 FOUNDATION DRIVE SOUTH BEND, IN 46628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, BETTY D 11048 OAK WAY CIRCLE PALM BCH GARDENS FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICE-CHAIRMAN CARLILE, HELEN 2612 FOUNDATION DRIVE SOUTH BEND, IN 46628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PITTS, CHRISTINE B 11142 OAK WAY CIR. PALM BCH GARDENS FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PRESIDENT CARLILE, DONALD 2612 FOUNDATION DRIVE SOUTH BEND, IN 46628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, MARK 15804 84TH AVENUE, NORTH PALM BEACH GARDENS FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VICE PRESIDENT CARLILE, DEAN 2612 FOUNDATION DRIVE SOUTH BEND, IN 46628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, MATTHEW 2430 SOUTH WALLEN DRIVE PALM BEACH GARDENS FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VICE PRESIDENT RIGGS, DAVID 2612 FOUNDATION DRIVE SOUTH BEND, IN 46628
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	SECRETARY, TREASURER RIGGS, KATHY 2612 FOUNDATION DRIVE SOUTH BEND, IN 46628

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 *[Signature]* **4-20-98** (218) 288-2113

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