

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

FILED

May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F95000004464 (2)

1. Corporation Name  
MAXX HOUSING, INC.

Principal Place of Business

699 WALNUT STREET  
SUITE 1700  
DES MOINES IA 50309-3945

Mailing Address

699 WALNUT STREET  
SUITE 1700  
DES MOINES IA 50309-3945

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1995

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 607.1506, 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

Signature type and print name of officer or director (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

|                |                          |                                            |
|----------------|--------------------------|--------------------------------------------|
| TITLE          | PC                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | KNAPP, WILLIAM C II      |                                            |
| STREET ADDRESS | 5221 N.W. 70TH PLACE     |                                            |
| CITY-ST-ZIP    | JOHNSTON IA 50131        |                                            |
| TITLE          | VP                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | HARRIS, GENE C           |                                            |
| STREET ADDRESS | 225 S. 27TH STREET       |                                            |
| CITY-ST-ZIP    | WEST DES MOINES IA 50265 |                                            |
| TITLE          | VP                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | LANGPAUL, ROGER W        |                                            |
| STREET ADDRESS | 14162 WEST POINTE DRIVE  |                                            |
| CITY-ST-ZIP    | CLIVE IA 50325           |                                            |
| TITLE          | T                        | <input type="checkbox"/> DELETE            |
| NAME           | TRIPLETT, LISA A         |                                            |
| STREET ADDRESS | 6175 COLT DRIVE          |                                            |
| CITY-ST-ZIP    | WEST DES MOINES IA 50265 |                                            |
| TITLE          | AS                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | ANDREINI, LINDA          |                                            |
| STREET ADDRESS | 1104 RAPIDS STREET       |                                            |
| CITY-ST-ZIP    | ADEL IA 50003            |                                            |
| TITLE          | S                        | <input type="checkbox"/> DELETE            |
| NAME           | DAVIDSON, DIANE M        |                                            |
| STREET ADDRESS | 913 48TH STREET          |                                            |
| CITY-ST-ZIP    | WEST DES MOINES IA 50265 |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                           |                                                                              |
|--------------------|---------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | Director                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Godlasky, Thomas C        |                                                                              |
| 1.3 STREET ADDRESS | 1516 S 42nd St            |                                                                              |
| 1.4 CITY-ST-ZIP    | West Des Moines, IA 50265 |                                                                              |
| 2.1 TITLE          | President                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Harris, Gene C            |                                                                              |
| 2.3 STREET ADDRESS | 225 S. 27th St            |                                                                              |
| 2.4 CITY-ST-ZIP    | West Des Moines, IA 50265 |                                                                              |
| 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:

*Lisa A. Triplett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

413 98

(515)362-3628

CR2E034 (10/97)