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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 # F96000004005 (2)

1. Corporation Name

MAXIM RETAIL GROUP, INC.



Principal Place of Business

210 TOWNPARK DR.
KENNESAW GA 30144

Mailing Address

210 TOWNPARK DR.
KENNESAW GA 30144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1996

4. FEI Number

58-2250264

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 607.1508, 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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME NASSAR, A.J.
STREET ADDRESS 210 TOWNPARK DR.
CITY-ST-ZIP KENNESAW GA 30144 ☐ DELETE

TITLE DT
NAME LEAHEY, THOMAS P
STREET ADDRESS 210 TOWNPARK DR.
CITY-ST-ZIP KENNESAW GA 30144 ☐ DELETE

TITLE DV
NAME GILSON, PAUL
STREET ADDRESS 210 TOWNPARK DR.
CITY-ST-ZIP KENNESAW GA 30144 ☒ DELETE

TITLE DS
NAME HARPER, GENE
STREET ADDRESS 210 TOWNPARK DR.
CITY-ST-ZIP KENNESAW GA 30144 ☐ DELETE

TITLE P
NAME INGLIS, JIM
STREET ADDRESS 210 TOWNPARK DR.
CITY-ST-ZIP KENNESAW GA 30144 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VP
3.2 NAME MACK HALE
3.3 STREET ADDRESS 205 HOLLYRIDGE WAY
3.4 CITY-ST-ZIP ROSWELL GA 30076 ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE P
5.2 NAME PAUL RENN
5.3 STREET ADDRESS 7050 HUNTERS RIDGE
5.4 CITY-ST-ZIP WOODSTOCK GA 30189 ☐ Change ☒ Addition

6.1 TITLE ☐ Change ☐ 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 Sandra B. Mortham, Secretary of State, 444 N. W. 1st St., 14th Floor, Miami, FL 33128 (305) 580-9369

CP2E034 (10/97)