

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 06, 1999 8:00 am  
Secretary of State  
08-06-1999 90006 029 \*\*\*550.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000001858

1. Corporation Name  
MAAX-KSD CORPORATION

Principal Place of Business  
SECOND STREET AND KEYSTONE ROAD  
SOUTHAMPTON PA 18966

Mailing Address  
SECOND STREET AND KEYSTONE ROAD  
SOUTHAMPTON PA 18966



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 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/01/1998

4. FEI Number

23-2952989

5. Certificate of Status Desired

8. This corporation owes the current year Intangible Personal Property.

Applied For

Not Applicable

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

Yes No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

POULIN, PLACIDE

583, STE-MADELEIN-DE-BEAUCE, QUEBEC

CANADA G6E 1L1

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

C

POULIN, PLAIN

583, STE-MADELEIN-DE-BEAUCE, QUEBEC

CANADA G6E 1L1

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TSD

GARNEAU, RICHARD

1048, GEORGES-CANTIN ST-JEAN-CHRYOSTOME

CANADA G6L 1L7

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

CHARTRAND, JEAN-PIERRE

1805 SOMMET TRINITE ST-BRUNO QUEBEC

CANADA J3V 4P6

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 REQUIRED. ENCLER JP 7/20/99

CR2E034 (5/99)