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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G93967

(9)

RETIREMENT MAXIMIZERS, INC

FILED May 12 1998 8:00am Secretary of State

Principal Place	of Business	Mailing Address		·			
	HIGHWAY #203	2900 N. DIXIE HIGHWAY	#203		·		
P.O. BOX 23010 P.O. BOX 23010 OAKLAND PARK FL 33307-3010 OAKLAND PARK FL 33307-3010			7-3010		DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualified		
					03/30/1984		
	ace of Business	2a, Mailing Address			4, FEI Number	A	pplied For
21		26			65-0028897		ot Applicable
· · · · · · · · · · · · · · · · · ·		Suite, Apt. #, etc.	le, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		-			
City & State)—¬			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	28	Cour	itry			to Fees
24	25	29	30	,	 This corporation owes or has paid the Personal Property Tax due June 30. 		itarigible □ No
	g. Name and Address of Curre		<u> </u>		10. Name and Address of New Registe		
TRA	NNER, ROBERT D.			81 Name			
	1 NE 56TH ST		-	82 Street Add	(DO Do Maria No. 4		
	LAUDERDALE FL 33334			SI'BEI AUG	ress (P.O. Box Number is Not Acceptable)		
• • •			- 1	83			
				24 64		las 3:-	0-1-
			l'	B4 City		FL 85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.09	502 and 607.1508, Florida Statute	es the ab	ove-named cor	poration submits this statement for the purpo	se of changing	its registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obt	te of Florida. Such change was a loations of Section 607.0505. Flo	iuthorized orida Stati	by the corpora	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	appointment as	s registered
SIGNATURE	The same with the same	g	med Oldie				
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable (NOTE	Registered	Agent signature requ	ired when reinstating) DA	NTE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	PTD	☐ DELETE	1.1 (1)	.E		☐ Change	Addition
NAME	Trainer, Robert		1.2 NA	ME			
STREET ADORESS	1631 NE 56TH ST		1.3 STF	EET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 DIT	Y-S1-ZIP			·
CITY-ST-ZIP TITLE	FT LAUDERDALE FL VSD	☐ DELETE	1.4 CIT 2.1 TIT			☐ Change	☐ Addition
	FT LAUDERDALE FL VSD CHALOM, JOSEPH, C	☐ DELETE		LĒ		☐ Change	Addition
TITLE	FT LAUDERDALE FL VSD CHALOM, JOSEPH, C 1709 CORAL TERR	☐ DELETE	2.1 TIT 2.2 NA	LĒ		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT LAUDERDALE FL VSD CHALOM, JOSEPH, C		2.1 TIT 2.2 NAI 2.3 STI 2.4 CII	LE ME REET ADDRESS (Y-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT LAUDERDALE FL VSD CHALOM, JOSEPH, C 1709 CORAL TERR		2.1 TIT 2.2 NAI 2.3 STI 2.4 CII	LE ME ME MET ADDRESS MY-ST-ZIP LE			
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4. Thereby 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 supplied ental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 AND TYPED OR MINTED NAME OF SIG

4/30/98

5 6600 Breeze & 6001013