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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H57651

(2)

## **FILED** May 07 1998 8:00am Secretary of State

MAXF	IELD DEVELOPMENTS, INC		) 	 				
Principal Place of Business		Mailing Address		r raarann Atan Anier Laasa arnan annan seder Ardes anas i r	)			
PO BOX 67	rt e. Woodard 0 Re Fl 34786	C/O ROBERT ( PO BOX 670 WINDERMERE		DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified 05/20/1985				
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For			
21		26		59-2534979	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Gountry 25	<b>Z</b> ip <b>29</b>	Country 30	This corporation owes or has paid the curr Personal Property Tax due June 30.	rent year Intagolibide es X No			
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
	OODARD, ROBERT E NORTH FOREST STREET			ame				
WINDERMERE FL 34786				82 Street Address (P.O. Box Number is Not Acceptable)				

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

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agent. I a	m familiar with, and accept the obligations of, Se	ction 607.0505, Flo	orida Statutes.	mon's doard of directors. Thereby accep	tirle appointment as i	egistereu
SIGNATURE	Signature, typed or penied name of registered agent and title if app	licable (NOT)	F Registered Agent signature requi	ired when reinstating)	DATE	
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFIC		S IN 12
TITLE	PD	DELETE	1.1 TITLE		Change	Additio
NAME	HEIDRICH, PAUL JR.		1.2 NAME			
STREET ADDRESS	1950 MIZEL AVE		1.3 STREET ADDRESS			
CITY - ST - ZIP	WINTER PARK FL 32792		1.4 City-SY-ZIP			
TITLE	W	DELETE	2.1 TITLE		☐ Change	Additio
NAME	HNLAL, TALAL E		2.2 NAME			
STREET ADDRESS	600 SOUTH ORLANDO AVE.		2.3 STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751		2.4 CITY-ST-ZIP			
TITLE	TCD	DELETE	3.1 TITLE		Change	Additio
NAME	WOODARD, ROBERT E		3.2 NAME			
STREET ADDRESS	60 NORTH FOREST STREET		3.3 STREET ADDRESS			
CITY-ST-ZIP	WINDERMERE FL 34786		3.4. CITY-ST-ZIP			
TITLE	8D	DELETE	4.1 TITLE		Change	Additio
NAME	Jorgensen, Philip D		4.2 NAME			
STREET ADDRESS	128 PARSON ROAD		4.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32779		4.4 CITY - ST- ZIP			
TITLE	D	DELETE	5.1 TITLE		☐ Change	Additio
NAME	OWENS, PAUL D		52 NAME			
STREET ADDRESS	1312 W. WASHINGTON STREET		53 STREET ADDRESS			
City-St-ZIP	ORLANDO FL 32805		5.4 CITY-ST-ZIP			
TITLE	D	DELETE	6.1 TITLE		Change	Additio
HAME	PRICE, ALAN		6.2 NAME			
STREET ADDRESS	921 JUANITA ROAD		6.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789		6.4 CITY - ST - ZIP			

14. 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 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:

April 20,1998

(407) 876-3680

Zip Code