

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90182 011 ***150.00

DOCUMENT # J19914

1. Corporation Name
MAX IV, INC.

Principal Place of Business
C/O ASSEF. RON
11924 FOREST HILL BLVD #5
WEST PALM BEACH FL 33414
US

Mailing Address
C/O ASSEF. RON
11924 FOREST HILL BLVD. STE 4
WEST PALM BEACH FL 33414
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1986

4. FEI Number

59-2689421

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 the current year Intangible
Personal Property Tax.

☐

☐

No

9. Name and Address of Current Registered Agent

ASSEF, RON
11924 FOREST HILL BLVD.
SUITE 4
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

ASSEF RON

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

13191 LA LAQUE CT

83

84 City

PALM BCH GARDENS

FL

85 Zip Code

33410

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ASSEF, BETTY ☐ DELETE

NAME ASSEF, BETTY
STREET ADDRESS 13191 LA LAQUE COURT
CITY-ST-ZIP PALM BEACH FL

TITLE SMITH, WANDA P. ☒ DELETE

NAME SMITH, WANDA P.
STREET ADDRESS 11924 FOREST HILL BLV #5
CITY-ST-ZIP W PALM BEACH FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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 13191 LA LAQUE CT

1.4 CITY-ST-ZIP PALM BCH GARDENS FL 33410

2.1 TITLE ASSEF RON DIRECTOR ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS 13191 LA LAQUE CT

2.4 CITY-ST-ZIP PALM BCH GARDENS FL 33410

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 561-627-4378

Date

Daytime Phone #

CR2E034 (11/98)