R MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Feb 11, 1999 8:00am **Katherine Harris Secretary of State** Secretary of State

02-11-1999 90006 041 ***150.00

	MAXWELL, P.A.						
Principal Place	of Business	Mailing Address			E INSTITUTE ON E ANGILIDATE CIRCU MAINE THE STATE OF THE		
& CAROL C. MA)		% CAROL C. MAXWELL					
4145 ARKLOW DRIVE		4145 ARKLOW DRIVE			DO NOT WRITE IN THIS SPACE		
TALLAHASSEE FL 32308		TALLAHASSEE FL 32308 US			3. Date Incorporated or Qualifed		
JS		03			04/20/1987		
0 Di I Di-	of Business	2a. Mailing Address			4. FEI Number	Applie	d For
2. Principal Place of Business		26			59-2797426	Not Ap	pplicable
Suite, Apt. #	etc	Suite, Apt. #, etc.				\$8.75 Addi	itional
¬ ''	, 616.	27			5. Certifcate of Status Desired	Fee Requir	red
City & State		City & State			6. Election Campaign Financing	\$5.00 Ma	у Ве
- ¬ `		28			Trust Fund Contribution	Added to F	ees
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year Intang	jible	
¬ '	25		30		Personal Property Tax.	res 🗆	No
4	9. Name and Address of Curr				10. Name and Address of New Registered Age	ent	
				81 Name			
MAXW	/ELL, CAROL C.			82 Street A	ddress (P.O. Box Number is Not Acceptable)		
4145	arklow drive			onco.	3		
TALLA	HASSEE FL 32308			83			3
			ļ			85 Zip Cod	le '**';;
				84 City	FL i	2.p cos	•
agent, I am		igations of, Section 607.0005, Flor	iua Statt	ica.	ation's board of directors. I hereby accept the appointm		
agent, I am	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: AND DIRECTORS	Registered 13.	Agent signature rec	juired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS	S IN 12
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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 Mchanged, or on an attachment with an address, with all other like empowered.

DOCUMENT # **J68209**