Mar 23, 1999 8:00 am Secretary of State

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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**

DOCUMENT # **K97930**

1. Corporation Name

MAX-A-MILLION PROPERTIES, INC.

Principal Place of Business Mailing Address						(HERITIN DIE IOTIFICATION (III) ORIGINATION	1811 WISH	4 1411 3 4	B17 B1611 1881	
PAUL H. OSBO 1741 MISSOUR SANFORD FL 3 US	AVENUE	PAUL H. OSBOURNE 1741 MISSOURI AVENUE SANFORD FL 32771 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/26/1989				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For				1
21		26				65-0149239	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			dditional	1
22		27				J. Controlle of Casta Costico		e.Rec	quired======	-
City & Stat	<u> </u>	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country 25	Zip 39	7 ·			8. This corporation owes the current year Intangible Personal Property Tax.			ZHO	
.=-1	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent			}
1741	OURNE, PAUL H. 1 MISSOURI AVENUE FORD FL 32771		81 82 83	Name Street Add	dress (P.O. Box Number is Not Acceptable)					
l				84	City	FL	85	Zip C		
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was auth	orized	by t	-named cor he corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	changir ntment	ng its i as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	gistered /	Agent	signature requi	red when reinstating) DATE				
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	ECTO	RS IN 12]
TITLE	DP	☐ DELETE					Chi	ange	☐ Addition	١.
NAME	OSBORNE, PAUL H.		1.2 NA							Ι.
STREET ADDRESS	133 MILL RUN DRIVE				ADDRESS					H
CITY-ST-ZIP	LAKE MARY FL	[] BELETE	1.4 CF				[] Ch	0000	Addition	} :
TITLE		☐ DELETE 2.17					L.J CII	anye	Addition	
NAME			2.2 NA							
STREET ADDRESS					ADDRESS		_	ء. مع		
-city-st-zip	☐ DELE1		3.1 TITLE				☐ Ch	ange	[] Addition	T
TITLE			3.2 NA				· ·	- 3	_	
STREET ADDRESS					ADORESS					
CITY-ST-ZIP			3.4. CIT							
TITLE		☐ DELETE	4.1 TIT		-211		☐ Cha	ange	Addition	1
NAME			4, 2 NA							
STREET ADDRESS					ADDRESS]
CITY-ST-ZIP			4.4 CIT							ĺ
TITLE		☐ DELETE	5.1 TITLE				Ch	ange	☐ Addition	1
NAME	İ		5.2 NAI	ME	ĺ					1
STREET ADDRESS			5.3 STF	REET	ADDRESS					
CITY-ST-ZIP			5.4 CIT	Y-ST	-ZIP					
TITLE		☐ DELETE	6.1 TIT	LE			Ch	ange	Addition	1
NAME			6.2 NA	ME						1

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 life empowered

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP