

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:43

DOCUMENT # K98946 (2)

1. Corporation Name
MAXEL, INC.

Principal Place of Business Mailing Address
C/O MICHAEL N. SCHNEIDER **C/O MICHAEL N. SCHNEIDER**
4215 SOUTHPOINT BLVD. SUITE 100 **4215 SOUTHPOINT BLVD. SUITE 100**
JACKSONVILLE FL 32216 **JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/29/1989** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-2955402** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing **\$5.00** May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
SCHNEIDER, MICHAEL N.
4215 SOUTHPOINT BLVD. SUITE 100
JACKSONVILLE FL 32216

10. Name and Address of Now Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 of officer or director named in registered agent and that of applicant. NOTE: Registered Agent signature required when recording. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLMAN, MAXENE L.	1.2 NAME	
STREET ADDRESS	1515 BEACH AVENUE	1.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTIC BEACH FL	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, W. RUDOLPH	2.2 NAME	
STREET ADDRESS	88 W 63RD STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	2.4 CITY- ST- ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORSTEIN, MARK	3.2 NAME	
STREET ADDRESS	1515 BEACH AVENUE	3.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTIC BEACH FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(5)(b), 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: *Maxene L. Gillman* 3-13-95 (904) 241-5848
Maxene L. Gillman
Signature of officer or director Date Telephone