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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

K98946

(2)

MAXEL, INC.

Principal Place of Business

Mailing Address



2. Principal Place of Business	C/O MICHAEL N. SCHNEIDER 4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216			C/O MICHAEL N. SCHNEIDER 4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216					Date Incorporated or Qualifity     O6/29/1989	fied	3a. Date of		
20	2. Principal Pla	ace of Business	2a.	2a. Mailing Address						L			
Supervision	21			**************************************								<b>—</b>	
City & State 23				Suite, Apl. #, etc.									
28   20											□ <sup>4</sup>		
20   20   20   20   30   20   30   20   30   20   2				······································									
25		Country		Zip	Country				8. This corporation has liability	for int	anciible tax ur		
SCHNEIDER, MICHAEL N. 4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216  11. Pursuant to the provisions of Sections 607,05002 and 607,1508, Floridal Statutes, the above-named compression submits this statement for the purpose of champing its registered office or registered agent, or both, in the State of Endes Such change was authorized by the corporation's borard of directors. Honety accept the applicament agent agreement agent agraement	24				30	30							,
SCHNEIDER, MICHAEL N. 4215 SOUTH-POINT BLVD. SUITE 100  JACKSONVILLE FL 32216  88			ļ			10. Name and Address of Ne	w Reg	gistered Age	nt				
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fioridal Statutes, the above-hamed corporation submits this statement for the purpose of changing the registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I horsely accept the appointment as registered agent, I am SIGNATURE  SIGNATURE  Syname, Special principles and the improvision of Statutes  SIGNATURE  Syname, Special principles and the improvision of Statutes  SIGNATURE  Syname, Special principles and the improvision of Statutes  SIGNATURE  Syname, Special principles and the improvision of Statutes  SIGNATURE  Syname, Special principles and the improvision of Statutes  SIGNATURE  Syname, Special principles and the improvision of Statutes  SIGNATURE  Syname, Special principles and the improvision of Statutes  SIGNATURE  Syname, Special principles and the improvision of Statutes  SIGNATURE  Syname, Special principles and the improvision of Statutes  SIGNATURE  Syname, Special principles and the improvision of Statutes  SIGNATURE  Syname  SIGNATURE  Syname  STATIANTIC BEACH AVENUE  ATLANTIC BEACH AVENUE  ATLANTIC BEACH FL  STATIANTIC B	4215 SOUTHPOINT BLVD. SUITE 100							Address	s (P.O. Box Number is Not Acce	ptable)			
11. Prevaent to the provisions of Sections 607,0502 and 607,1508. Findia Statutes, the above harmed corporation submite this statement for the purpose of changing his registered office for registered agent, in the State of Florids. Such change was submixed by the corporation's board of chectors. I horety accept the appointment as registered agent. I am state of the provisions of the provision o						1	•,				B-1	-   '	
SIGNATURE	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 beard of deathers this statement for the purpose of changing its registered office.												
12.	SIGNATURE				v grava								
DP		OFFICERS AN	ND DIRECT	ORS INCI			4 Signature re	equired wh		OFFICE			
NAME   GILLMAN, MAXENE L.   12 NAME   1.3 STREET ADDRESS   14 CITY-ST-72P   ATLANTIC BEACH FL   1.4 CITY-ST-72P   TITLE     DELETE   3.2 NAME   3.3 STREET ADDRESS   4.4 CITY-ST-72P   TITLE   DELETE   3.4 CITY-ST-72P   TITLE   DELETE   3.4 CITY-ST-72P   TITLE   DELETE   3.5 STREET ADDRESS   4.5 CITY-ST-72P   TITLE   DELETE   5.1 TITLE   DELETE   4.5 TITLE   DELETE   5.5 STREET ADDRESS   5.5 STREET ADDRES	TITLE			~-·			·r		ADDITIONS/CHANGES TO	OFFICE			
1515 BEACH AVENUE   1.3 STREET ADDRESS   1.4 CITY-ST-2IP   ATLANTIC BEACH FL	NAME	GILLMAN, MAXENE I							·			iange	L. Addition
ATLANTIC BEACH FL	STREET ADDRESS	•											
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		continued the information	The state of	<del></del>	6.4 CI	ITY-ST	-ZIP						イル

Too hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 roceiver 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 all address.

Maxene L. G1: Iman 904-241-5848

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAMEAR SIGNING OFFICER OR DIRECTOR

Date Dayting Proce #

SIGNATURE: L