


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

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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # L22772 (2)		
1. Corporation Name MAXXTRANS CORPORATION		
Principal Place of Business 1440 NW 38TH AVE OCALA FL 34482 US	Mailing Address P O BOX 4397 OCALA FL 34478-4397 US	



2. Principal Place of Business 21 8245A NW 93RD Street Suite, Apt. #, etc.		2a. Mailing Address 26 8245A NW 93ST Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/13/1989	3a. Date of Last Report 05/01/1996
22 City & State 23 MEDLEY, FL		27 City & State 28 MEDLEY, FL		4. FEI Number 59-2987098	Applied For Not Applicable
24 Zip 33166		25 Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Name and Address of Current Registered Agent MARTINEZ, NELSON A. 1440 NW 38TH AVE OCALA FL 34482		27 Name and Address of New Registered Agent 81 Name MARTINEZ, NELSON A. 82 Street Address (P.O. Box Number is Not Acceptable) 8245A NW 93RD STREET 83 84 City MEDLEY FL 85 Zip Code 33166		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	MARTINEZ, NELSON
NAME	MARTINEZ, NELSON	1.2 NAME	
STREET ADDRESS	1440 NW 38TH AVE	1.3 STREET ADDRESS	8245A NW 93RD STREET
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	MEDLEY, FL 33166-2027
TITLE	VDS	2.1 TITLE	VDS
NAME	MARTINEZ, INGRID L.	2.2 NAME	MARTINEZ, INGRID L.
STREET ADDRESS	1440 NW 38TH AVE	2.3 STREET ADDRESS	8245A NW 93RD STREET
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	MEDLEY, FL 33166-2027
TITLE	T	3.1 TITLE	MARTINEZ, MICHELLE N.
NAME	MARTINEZ, MICHELLE N.	3.2 NAME	
STREET ADDRESS	927 SW 57 TERRACE	3.3 STREET ADDRESS	8245A NW 93RD STREET
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	MEDLEY, FL 33166-2027
TITLE		4.1 TITLE	S
NAME		4.2 NAME	MARTINEZ, INGRID A.
STREET ADDRESS		4.3 STREET ADDRESS	8245A NW 93RD STREET
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MEDLEY, FL 33166-2027
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/97

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