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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

L41384

(3)

Corporation Name

MAXFAX SERVICES, INC.				
Principal Place of Business	Mailing Address		1 1501(0) 011 0135(1)010 (1)01 131(r Melle Atlate Meller Seider Seides Meller meller eba
% ARLIE L HOWELL 1245 OAKWOOD LN	% ARLIE L HOWELL 1245 OAKWOOD LN			
JACKSONVILLE FL 32259	JACKSONVILLE FL S	32259	3. Date Incorporated or Qualified 01/04/1990	3a. Date of Last Report 05/01/1995
Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	26		59-2986876	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
	28	T	Trust Fund Contribution 8. This corporation has liability for in	A0060 to 1 663
Zip Country	Z _P	Country 30	Florida Statutes	⊠ No
9. Name and Address of Cu			10. Name and Address of New Re	egistered Agent
		81 Name		
HOWELL, ARLIE L.		82 Street Addr	ress (P.O. Box Number is Not Acceptable	e)
1245 OAKWOOD LN		83		
JACKSONVILLE FL 32259				85 Zip Code
Pursuant to the provisions of Sections 607.		84 City		FL []
Pursuant to the provisions of Sections 607, or registered agent, or both, in the State of familiar with, and accept the obligations of, IGNATURE			ed when reinstating)	DATE
familiar with, and accept the obligations of,		OTE: Registered Agent signature require	ed when reinstating)	
familiar with, and accept the obligations of, SIGNATURE Signature, typed or printed name of registered. OFFICERS	d agent and title if applicable. N	OTE: Registered Agent signature require	ed when reinstating: ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
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SIGNATURE: _

Oulie & HOWELL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0,04-287-2896

Daytin e Phone #

CR2E034 (12/95)