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



Sandra B. Mortham

COF ANNU	PROFIT RPORATION JAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				May 12 1997 8:00am Secretary of State					
DOCUMENT # L50592 (9) 1. Corporation Name MAXIMUM 2, INC.													
				Mailing Address P.O. BOX 372066 SATELLITE BEACH FL 32937-0066									
								;	 Date Incorporated or Qualified 02/12/1990 		te of Last F 14/1996	eport	
2. Principal P.	lace of Business		2a.	Mailing Address	*****			- 1	1. FEI Number 59-2989460			oplied For of Applicable	1
Suite, Apt.	#, etc	28-81-1477-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Suite, Apt. #, etc.					5. Certificate of Status Desired	A	\$8.75	Additional	1
City & State	0		27	City & State					B. Election Campaign Financing		\$5.00	equired May Be	1
23 Zip	⊢ η	Country	28	Zip		ıntry			Trust Fund Contribution B. This corporation has liability for	or intangible	tax under s	to Fees s. 199.032,	1
24	9. Name and	Address of Current	29 Regist	tered Agent	30	[<u></u>	Florida Statutes Name and Address of New I	Yes Registered			-
THIOON, ODDAWA							Name]
	HEDGECASH S ELLITE BEACH I					82	Street A	ddress	(P.O. Box Number is Not Accept	able)			
Onli	LUCIE DENOTITI	F OFFO				83							-
						84	City		***************************************		85 Zip	Code	1
11 Purcusal	to the provisions of	f Sections 607 0502	and 60	07 1508 Florida Statu	tes the a	hove	a-named (corporal	ion submits this statement for the	FL DIFFOSE OF	changing i	ts registered	-
office or r	egistered agent, c	r both, in the State c	of Floric	la. Such change was , Section 607.0505, F	authorize	d by	the corp	oration's	board of directors. I hereby acc	ept the app	ointment as	registered	
SIGNATURE										****			ł
12.	Styruture type of or print	of FICERS AND			TE Registere	d Age	ent Bignature i	required wh	nen reinstating) ADDITIONS/CHANGES TO OF	DATE ICERS AND	DIRECTOR	RS IN 12	- 6
THE	V	OT TOETS TATE	Divic.e	DELETE	1.13	ITLE	·		ADDITIONO/OFF STORES	1021071112	Change	Addition	- 8
NAME	HIRSCH, JULIA	NA			1.2 N	AME	ľ						7
STREET ADDRESS	692 HEDGECA				1.3 \$	TAEET	ADDRESS						Č
CITY-S1-ZIF	SATELLITE BE	ACH FL 32937			140	ITY-S	T-ZIP						آؤ ا
THE	}			☐ DELETE	2.1 T		1				Change	Addition	1
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NAME					3.2 N	AME	ŀ						
STREET ADDRESS					3.3 5	TREET	ADDRESS					•	
CITY+ST-ZIF							ST-ZIP		·	····	-		
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NAME						VAME							
STREET ADORESS							ADDRESS						ļ
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NAME				-	5.2 N		-				- · · ·		
STREET ADDRESS					5.3 9	TREET	ADDRESS						
CHY+SI+7IP					5.4 (iTY-\$	ST - ZIP				• * •		
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NAME					6.2 N				1 n n n n n n n n n n n n n n n n n n n				
STREET ADDRESS					6.3 9	TREET	ADDRESS		*				1

14. If do hereby certily 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.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED