
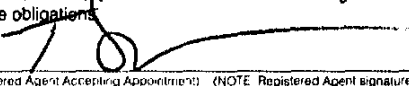

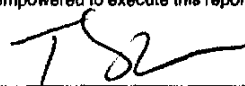


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 23 AM 11:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company Maximum Financial L.C. 320 W. Sabal Palm PL. STE. 300 Longwood, FL 32779		DOCUMENT # L95000000656			
2. Principal Place of Business SAME		2a. Mailing Address SAME		3. Date Organized or Qualified 9-1-95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FLORIDA	
City & State		City & State		4. FEI Number 59-3341984	
Zip		Zip		5. Date of Last Report	
Country		Country		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent David Olson 320 W. Sabal Palm Pl. Ste 300 Longwood, FL 32779 Deceased 10/21/76		8. Name and Address of New Registered Agent Name Trevor J. OLSON Street Address (P.O. Box Number is Not Acceptable) 320 W. Sabal Palm PL Suite, Apt. #, etc. Suite 300 City Longwood FL Zip Code 32779			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE  DATE 4-8-97 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
Man. Man.	Trevor J. OLSON Andrew G. Keller	320 W. Sabal Palm PL. Suite 300		Longwood, FL 32779	
600002158596--7 -04/29/97-01083-006 ***203.75 ***203.75 					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:  Trevor J. Olson manager 4-8-97 682 1200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					