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

PROFIT **CORPORATION ANNUAL REPORT**

1998

Principal Place of Business

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California.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name L96875 (4)

Mailing Address

MAX JONES CORPORATION

	FILE	D
May 1	5 199	8 8:00am
Secr	etary (of State



1570 MADRU Suite 311 Coral Gabi	ga ave Les fl 33146	1570 MADRUGA AVE SUITE 311 CORAL GABLES FL 33146					DO NOT WRITE IN THIS SPACE									
				_				3. Date Incorp 08/25/19	990	ualified						
-	lace of Business		28. Mailing Address			1	4. FEI Number				→	Applied				
21			26					65-0264972						plicable		
Suite, Apt.		27					5. Certificate of	of Status Des	ired		•	\$8.75 Additional Fee Required				
City & State	e	City & State						6. Election Campaign Financing \$5.00 May Be								
23]		28												Added to Fees		
Zip	Country	Zip		\vdash	ountry	,		8. This corporation owes or has paid the current Personal Property Tax due June 30.						· — ·		
24	25 9. Name and Address of Currer	29 29 Age		30	т-			Personal Pr	<u> </u>			Yes	∐ No	-		
	ISSMAN, WILLIAM C.	it ricgistered Age			81	Name		10. Marito ario	Addibas of	Ton riegi	310100	Agent				
	70 MADRUGA AVE															
					82	Street A	Address	s (P.O. Box Nun	nber is Not A	cceptable	;)					
	HTE 311				83			 								
CC	ORAL GABLES FL 33146					1										
					84	City					FL	85 Z	p Code			
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508 F	Iorida Statut	os the	above	-named	COLLIGIA	ation submits th	ie etatement t	for the nu		Changing	s its rec	istered		
office or r	egistered agent or both, in the State	of Florida, Such c	hange was a	authoriz	ed by	the corp	poration	's board of dire	ctors. I hereb	y accept	the app	ointment	as regis	Stered		
•	m familiar with, and accept the oblig-	ations of, Section 6	507.0505, FR	orida Si	tatutes	5								}		
SIGNATURE	Signature, typed or printed name of registered au-	of and title diamolicable	(NOT	F Registe	red And	nt sonature	required w	when reinstating)			DATE					
12.	OFFICERS AN		(140)	13		on biginates o	, , , , , , , , , , , , , , , , , , , ,	ADDITIONS/	CHANGES TO	O OFFICE		DIRECTO	ORS IN	12		
TITLE	Р		DELETE		TITLE							Chang		Addition		
NAME	SUSSMAN, WILLIAM C.			1.2	NAME									;		
STREET ADDRESS	1570 MADRUGA AVE #311			1.3	STREET	ADDRESS										
CITY-ST-ZIP	CORAL GABLES FL				CITY-S	- 1	ĺ							13		
TITLE			DELETE	_	THILE							Chang	. 🗆	Addition		
NAME				22	NAME											
STREET ADDRESS				2.3 STRE		ADDRESS								ļ		
CITY-ST-ZIP				2.4	4 CITY - S	ST-ZIP										
TITLE			DELETE		TITLE							Chang	e 🗌	Addition		
NAME				3.2	NAME									1		
STREET ADDRESS				33	STREET	ADDRESS								İ		
CITY-ST-ZIP	<u></u>			34	CITY-5	ST-ZIP				_		_				
TITLE	-		DELETE	41	TITLE							Chang		Addition		
NAME				4. 2	NAME	ľ								ľ		
STREET ADDRESS				4.3	STAEET	ADDRESS										
CITY-ST-ZIP				44	CITY - S	T-ZIP										
TITLE		L.	DELETE	51	THTLE							Chang	· 🗆	Addition		
NAME				5.2	NAME]								- 1		
STREET ADDRESS				53	STREET	ADDRESS										
CITY - ST - ZIP			1 2		CITY-S	T-ZIP										
TITLE		L.	DELETE	6.1	TITLE	j	١					L Change	; L	Addition		
NAME					NAME											
STREET ADDRESS				6.3	STREET	ADDRESS	}							- 1		
CITY-ST-ZIP	All that the second	ate abite fire - 4-	mm1 m -112 - 2		CITY-S		1 2 2	440 07/0	D. Flactor Of	about 15		-L'E - 41 1 -	n = 1 = 6-			
indicated officer or	certify that the information supplied w on this annual report or supplement director of the corporation or the fec- or Block 13 if changed, or on an atta	l annual report is t ever or trustee em	true and acc powered to	or the e curate a execute	ixemp ind thi e this	tion state at my sigi report as	ed in Sec grature s require	ction 119.07(3)(shall have the sl ed by Chapter 6	ii), Florida Sta ame legal eff 07, Florida S	atutes. I ru ect as if m tatutes; ar	irtner ce nade un nd that r	rtiry that t der oath, ny name a	ne inior that I ai appears	mation m an s in		
SIGNAT	URE: X LLAUV	PRÍNTED NAME OF SIG	SNING OFFICER	OR DIRE	CTOR			4/_	15/98		BW-	662 tytime Philipe	- K	19/		