

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M58953 (4)

1. Corporation Name

MAXWELL ENTERTAINMENT GROUP, INC.



Principal Place of Business

Mailing Address

7061 GRAND NATIONAL DR  
S112  
ORLANDO FL 32819  
US

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S112  
ORLANDO FL 32819  
US

3. Date Incorporated or Qualified  
09/14/1987

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 7711 COLLINS AVENUE

26 7711 COLLINS AVENUE

4. FEI Number  
59-2843969

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

City & State

City & State

23 MIAMI BEACH, FL

28 MIAMI BCH, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33141

25 USA

29 33141

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAXWELL, ROBERT C.  
7061 GRAND NATIONAL DRIVE  
SUITE 112  
ORLANDO FL 32819

81 Name MAXWELL, NORMA DEAN

82 Street Address (P.O. Box Number is Not Acceptable)  
7711 COLLINS AVENUE

83

84 City MIAMI BCH

FL

85 Zip Code 33141

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature of individual 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 P  
NAME MAXWELL, ROBERT  
STREET ADDRESS 7061 GRAND NATIONAL DRIVE, DTE. 112  
CITY-ST-ZIP ORLANDO FL

11 TITLE P  
12 NAME NORMA DEAN MAXWELL  
13 STREET ADDRESS 7711 COLLINS AVENUE  
14 CITY-ST-ZIP MIAMI BCH, FL 33141

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/96

(305) 866-6006

Daytime Phone #

CR2E034 (3/96)