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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000014217 (3)

1. Corporation Name

MAXWELL-AINA, INC.



Principal Place of Business

7601 GRAND NATIONAL DR
STE 112
ORLANDO FL 32819
US

Mailing Address

7601 GRAND NATIONAL DR
STE 112
ORLANDO FL 32819
US

2. Principal Place of Business

2a. Mailing Address

21 5136 Pine Top Place

26 P.O. Box 617001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Orlando, FL

28 Orlando, FL

Zip

Country

Zip

Country

24 32819

25 USA

29 32861

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORGAN, ULTIMA D.
315 E ROBINSON ST
STE 600
ORLANDO FL 32801

81 Name

Richard . Howard & Assoc, Inc

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

5136 Pine Top Place

83

84 City

Orlando

FL

85 Zip Code

32819

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

R.B. Howard

R.B. HOWARD, RECEIVER

7/24/96

Signature, type or print name of registered agent, and date of signature.

(If the Registered Agent signature is required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MAXWELL, ROBERT
STREET ADDRESS 5380 NORTH BAY ROAD
CITY-ST-ZIP MIAMI FL ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPT
NAME PRVIN, OLEG
STREET ADDRESS 8606 SOUTH BAY
CITY-ST-ZIP ORLANDO FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME BATTAGLIA, STEVEN R.
STREET ADDRESS 31 1/2 PINE ST
CITY-ST-ZIP WINDERMERE FL ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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.

SIGNATURE:

R.B. Howard

R. B. Howard, Pres. Richard Howard & Assoc.

In receivership, signed by receiver 7/4/96 (407)876-

(Copy of Court Order attached)

Date

Signature of Receiver

5086

CR2E034 (12/95)