

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000076427 (2)**

1. Corporation Name  
**MAXIS GROUP, INC.**



Principal Place of Business  
**5015 SOUTH FLORIDA AVENUE  
STE. 200  
LAKELAND FL 33813**

Mailing Address  
**POST OFFICE BOX 5252  
LAKELAND FL 33813**

3. Date Incorporated or Qualified **11/04/1993** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Zip  
26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

4. FEI Number **APPLIED FOR**  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MCFARLANE, PETER A ESQUIRE  
MCFARLANE, PETER, A., P.A.  
5015 SOUTH FLORIDA AVENUE #215  
LAKELAND FL 33813**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAXWELL, ANITA K</b>	1.2 NAME	
STREET ADDRESS	<b>5015 SOUTH FLORIDA AVENUE STE. 200</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKELAND FL 33813</b>	1.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAXWELL, LAWRENCE T</b>	2.2 NAME	
STREET ADDRESS	<b>5015 S. FLORIDA AVE., STE. 200</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKELAND FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOCHIS, GEORGE</b>	3.2 NAME	
STREET ADDRESS	<b>5015 S. FLORIDA AVE., STE. 200</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKELAND FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLEY, KIM</b>	4.2 NAME	
STREET ADDRESS	<b>5015 S. FLORIDA AVE., STE. 200</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKELAND FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(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 registered agent authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or attachment.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)