

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 # P94000023688 (2)

1. Corporation Name

MAXI TRAVEL, INC.

Principal Place of Business

5003 W ATLANTIC AVE  
DELRAY BEACH FL

Mailing Address

5003 W ATLANTIC AVE  
DELRAY BEACH FL



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/24/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0476187

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

SANFORD GROSSMAN

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

5002 W ATLANTIC AVE

83

84 City

DELRAY BEACH

FL

85 Zip Code

33445

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 607.05, Florida Statutes.

SIGNATURE

Signature of board or principal registered agent and sign, if applicable

(NOTE: Registered Agent signature required when reinstating)

2/29/96

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☐ DELETE

NAME

GROSSMAN, SANFORD

STREET ADDRESS

17128 NORTHWAY CIR

CITY-ST-ZIP

BOCA RATON FL 33496

TITLE

DV

☒ DELETE

NAME

WARSHAWSKY, MAXINE A

STREET ADDRESS

5860 NW 44TH ST APT 611

CITY-ST-ZIP

LAUDERHILL FL 33319

TITLE

DS

☐ DELETE

NAME

GROSSMAN, FAITHE

STREET ADDRESS

17128 NORTHWAY CIR

CITY-ST-ZIP

BOCA RATON FL 33496

TITLE

DT

☒ DELETE

NAME

WARSHAWSKY, RUDOLPH

STREET ADDRESS

5860 NW 44TH ST APT 611

CITY-ST-ZIP

LAUDERHILL FL 33319

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96

Date

(407) 495-2204

Daytime Phone #

CR2E034 (12/95)