

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 # **P94000028045 (0)**

1. Corporation Name

MAXIMAR INTERNATIONAL, INC.

Principal Place of Business

**3940 CORAL HILLS DR.
CORAL SPRINGS FL 33065**

Mailing Address

**3940 CORAL HILLS DR.
CORAL SPRINGS FL 33065**



2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

**DOMINIQUE, MAX J
3940 CORAL HILLS DR.
CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified

04/13/1994

3a. Date of Last Report

05/16/1995

4. FEE Number

65-0494528

Applied For

Not Applicable

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

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and their address

(NOTE: Registered Agent's signature and address are not required)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

DOMINIQUE, MAX J

STREET ADDRESS

3940 CORAL HILLS DR.

CITY- ST- ZIP

CORAL SPRINGS FL 33065

TITLE

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CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

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