

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000034898 (4)
1. Corporation Name
THE MAXWELL CORPORATION OF TAMPA BAY

Principal Place of Business
11013 SPRINGRIDGE DR.
TAMPA FL 33612
US

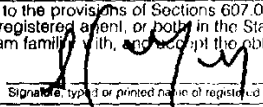
Mailing Address
P.O. BOX 280486
TAMPA FL 33682-0486



2. Principal Place of Business 21 6829 MITCHELL CIRCLE Suite, Apt. #, etc. 22 City & State 23 TAMPA FLA 24 Zip 25 33634	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Hillsborough 30 Country	3. Date Incorporated or Qualified 05/09/1994	3a. Date of Last Report 05/01/1996	4. FET Number 59-3242323	Applied For Not Applicable
		5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	☒ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

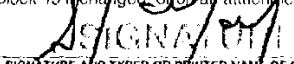
9. Name and Address of Current Registered Agent MARAJ, SUDESH 11013 SPRINGRIDGE DR. TAMPA FL 33612	10. Name and Address of New Registered Agent 81 Name MARAJ, SUDESH 82 Street Address (P.O. Box Number is Not Acceptable) 6829 MITCHELL CIRCLE 83 84 City TAMPA FL 85 Zip Code 33634
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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  PRESIDENT 4-25-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARAJ, SUDESH 11013 SPRINGRIDGE DR. TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD MARAJ, SUDESH 6829 MITCHELL CIRCLE TAMPA FLA 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARAS, LAURA 11013 SPRINGRIDGE ROAD TAMPA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD MARAJ, LAURA 6829 MITCHELL CIRCLE TAMPA FLA 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARTER, SUCHILLA M 10402 NORTH 27TH STREET TAMPA FL 33612	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAHARAJ, SARAH 10402 NORTH 27TH STREET TAMPA FL 33612	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARAJ, TARA 10402 NORTH 27TH STREET TAMPA FL 33612	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 unchanged, or on an attachment with an address.

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

4-25-97 813-890-0077

CR2E034 (9/96)