

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90015 004 \*\*\*150.00

DOCUMENT # P94000034898

1. Corporation Name

THE MAXWELL CORPORATION OF TAMPA BAY

Principal Place of Business

6829 MITCHELL CIRCLE  
TAMPA FL 33634

US

Mailing Address

P.O. BOX 280486  
TAMPA FL 33682

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1994

4. FEI Number

59-3242323

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 1420 W. BUSCH BLVD

Suite, Apt. #, etc.

22

City & State

23 TAMPA FLA

Zip

24 33612

Country

2a. Mailing Address

26 1420 W. BUSCH BLVD

Suite, Apt. #, etc.

27

City & State

28 TAMPA FLA

Zip

29 33612

Country

30

9. Name and Address of Current Registered Agent

MARAJ, SUDESH  
6829 MITCHELL CIRCLE  
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name

MARAJ, SUDESH

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

1420 W. BUSCH BLVD

83

84 City

TAMPA

FL

85 Zip Code

33612

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MARAJ, SUDESH  
STREET ADDRESS 6829 MITCHELL CIRCLE  
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE

NAME LAURA, MARA J.  
STREET ADDRESS 6829 MITCHELL CIRCLE  
CITY-ST-ZIP TAMPA FL 33634

TITLE SD ☐ DELETE

NAME CARTER, SUCHILLA M  
STREET ADDRESS 10402 NORTH 27TH STREET  
CITY-ST-ZIP TAMPA FL 33612

TITLE TD ☐ DELETE

NAME MAHARAJ, SARAH  
STREET ADDRESS 10402 NORTH 27TH STREET  
CITY-ST-ZIP TAMPA FL 33612

TITLE D ☐ DELETE

NAME MARAJ, TARA  
STREET ADDRESS 10402 NORTH 27TH STREET  
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME MARAJ, SUDESH  
1.3 STREET ADDRESS 1420 W. BUSCH BLVD  
1.4 CITY-ST-ZIP TAMPA FLA 33612

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME LAURA, MARAJ S.  
2.3 STREET ADDRESS 1420 W. BUSCH BLVD  
2.4 CITY-ST-ZIP TAMPA FLA 33612

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E034 (1/98)