**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

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

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## DOCUMENT # P94000034898

1. Corporation Name

THE MAXWELL CORPORATION OF TAMPA BAY

Principal Place of Business	Mailing Address		1 (04(150) (10 10)))	06  11  1  0  15  13  15	IETRI (BIT 1885
6829 MITCHELL CIRCLE	P.O. BOX 280486		<del> </del>		
TAMPA FL 33634	TAMPA FL 33682		DO NOT WRITE IN TI	HIS SPACE	
ع <del>ر نے میں میں میں میں میں میں میں میں میں اس</del> ام			3. Date Incorporated or Qualifed	IIO OI AOL	
			05/09/1994		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
	26 1470 W·	BUSCH BO		<u> </u>	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	0000		\$8.75 A	
<b>├</b> ─ ' ' ' '	27		5. Certifcate of Status Desired	Fee Red	quired
City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23 TAMEA FLA	28 TAMPA	FLA	Trust Fund Contribution	Added to	
Zip Country	Zip	Country	8. This corporation owes the current year		
24 33612 25	29 33612 3	30	Personal Property Tax.		□No
9. Name and Address of Current R	egistered Agent		10. Name and Address of New Register	ed Agent	
MADA L CUDECH		81 Name	MARAS SUDESH		
MARAJ, SUDESH 6829 MITCHELL CIRCLE		82 Street Ac	Idress (P.O. Box Number is Not Acceptable)	0. 0	
TAMPA FL 33634			1420 W. BUSCH	BLUD	
TAMPA PL 33034		83			
		84 City	TAMPA F	85 Zip C	Code
11 Pursuant to the provisions of Sections 607.0502:a		1 1		L 3 <sub>3</sub>	612
office or registered agent, or both, in the State of F	Florida, Such change was au	thorized by the corpora	ation's board of directors. I hereby accept the ap	pointment as reg	istered
office or registered agent, or both, in the State of F agent. I am familiar with, and accept the obligation	-lorida. Such change was au	thorized by the corpora	ation's board of directors. I hereby accept the ap	pointment as reg	jistered
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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 supplier/ental 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 rustee 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 an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

**TAMPA FL 33612** 

GNING OFFICER OF DIRECTOR

☐ DELETE

Change

☐ Addition