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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000079283 (5)

1. Corporation Name
MAXIE PRODUCTIONS, INC.

Principal Place of Business

6410 METRO WEST BLVD.
SUITE 1109
ORLANDO FL 32835

Mailing Address

6410 METRO WEST BLVD.
SUITE 1109
ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1994

4. FEI Number

59-3275567

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 6056 RALEIGH ST

Suite, Apt. #, etc.

22 2604

City & State

23 ORLANDO, FL

Zip

24 32835

Country

25 USA

2a. Mailing Address

26 6056 RALEIGH ST

Suite, Apt. #, etc.

27 2604

City & State

28 ORLANDO, FL

Zip

29 32835

Country

30 USA

9. Name and Address of Current Registered Agent

RONCARI, MARIA A
6410 METRO WEST BLVD. 6056 RALEIGH ST.
SUITE 1109 2604
ORLANDO FL 32835

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. 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 ☐ DELETE

P
NAME RONCARI, MARIA A
STREET ADDRESS 6410 METRO WEST BLVD, SUITE 1109
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ DELETE

ST
NAME CONNELL, TODD C
STREET ADDRESS 9189 BEAR PATH
CITY-ST-ZIP 13801 WEEH FL 34740

TITLE ☐ DELETE

V
NAME RONCARI, HEATHER R
STREET ADDRESS 2160 ALCLOBE CIRCLE
CITY-ST-ZIP OCOEE FL 34761

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME SAME
1.3 STREET ADDRESS 6056 RALEIGH ST, SUITE 2604
1.4 CITY-ST-ZIP SAME

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SAME
2.3 STREET ADDRESS 6056 RALEIGH ST, SUITE 2604
2.4 CITY-ST-ZIP SAME

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.

SIGNATURE

Maria A. Roncari, President

4-17-98 407-283-0508

CR2E034 (10/97)