

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 APR 21 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P94000086435 (2)

1. Corporation Name
MAXWELL WAREHOUSING & DISTRIBUTION, INC.

Principal Place of Business 4800 N.W. 15TH ST. UNIT 4496 MARGATE FL 33063	Mailing Address 4800 N.W. 15TH ST. UNIT 4496 MARGATE FL 33063
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/29/1994		3a. Date of Last Report	
4. FEI Number 65-0534181		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			
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			

2. Principal Place of Business 21 1411 BANKS ROAD Suite, Apt. #, etc.		2a. Mailing Address 26 1411 BANKS ROAD Suite, Apt. #, etc.	
22 City & State 23 MARGATE, FL Zip 24 33063 Country 25 USA		27 City & State 28 MARGATE, FL Zip 29 33063 Country 30 USA	

9. Name and Address of Current Registered Agent MAXWELL, JODY 3065 N.W. 48TH AVENUE COCONUT CREEK FL 33063	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) (Typed Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	PS MAXWELL, JODY 3065 N.W. 48TH AVE. COCONUT CREEK FL 33063	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VID MAXWELL, STEVE R 3065 N.W. 48TH AVE. COCONUT CREEK FL 33063	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	☐ Change ☒ Addition C CUOZZO, DANIEL 1411 BANKS ROAD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY ST ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jody Maxwell **JODY MAXWELL** 4-18-95 (305) 977-3770

(Signature, typed or printed name of signing officer or director)