

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000048386 (3)**

1. Corporation Name

MAXIMUM MORTGAGE, INC.



Principal Place of Business

**3389 SHERIDAN ST., UNIT 263
HOLLYWOOD FL 33021**

Mailing Address

**3389 SHERIDAN ST., UNIT 263
HOLLYWOOD FL 33021**

2. Principal Place of Business

21 **4000 HOLLYWOOD BLVD.**

Suite, Apt. #, etc.

22 **SUITE 350N**

City & State

23 **HOLLYWOOD, FL**

Zip

24 **33020**

Country

25 **FLORIDA**

2a. Mailing Address

26 **4000 HOLLYWOOD BLVD**

Suite, Apt. #, etc.

27 **SUITE 350N**

City & State

28 **HOLLYWOOD, FL**

Zip

29 **33020**

Country

30 **FLORIDA**

9. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

06/21/1995

3a. Date of Last Report

N/A

4. FET Number

55-05 88865

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

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 607.1503, 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 of Registered Agent must be provided to the Department of State)

(Signature of Agent must be provided to the Department of State)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PSTD
NUNZIATO, ROBERT V**
STREET ADDRESS **3389 SHERIDAN ST., UNIT 263**
CITY-STATE-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

**4000 HOLLYWOOD BLVD. # 350N
HOLLYWOOD, FL 33021**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(g), Florida Statutes. I further certify that the information included 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 changes I, or on an affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT NUNZIATO

954-961-4734

Date

Signature Printed #

CR2E034 (12/95)