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**

DOCUMENT # P95000048386

1. Corporation Name

MAXIMUM MORTGAGE, INC.

FILED
Jan 21, 1999 8:00am
Secretary of State
01-21-1999 90035 016 ***150.00

Principal Pla	ce of Business	Mailing Address			To talestones ten tannet nestit abilit gants Batti gartt	arani Tains' <u>r</u>	rias raita aine cabt
4000 HOLLYW	OOD BLVD	4000 HOLLYWOOD BLVD					
SUIT E350N		SUITE 350N					
HOLLYWOOD		HOLLYWOOD FL 33021			DO NOT WRITE IN THIS	SPACE	
US :		ปร			3. Date Incorporated or Qualifed		
					06/21/1995		
2. Principal f	Place of Business,	2a. Mailing Address			4. FEI Number		Applied For
21	<u> </u>	26			65-0588865		Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		5 Additional
22		27			5. Certificate of Status Desired	Fee	Required
City & Sta	State City & State				6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip Country			8. This corporation owes the current year In	angible	
24	25		10		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre			·,———	10. Name and Address of New Registered	Agent	
	TAIL FIRM OF LAWRENCE NO.		81	Name			
	LAW FIRM OF LAWRENCE J'S	PIEGEL CHRID	82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
ĺ	ALMERIA AVENUE		02	Suberia	idiosa (i .o. box indifiber is indi Acceptable)		
CO	RAL GABLES FL 33134		83	1	31.		
			<u> </u>	<u> </u>	<u></u>		* * * *
<u>.</u>			84	City	FL	85 Zi	p Code '
11. Pursuant	t to the provisions of Sections 607.050	02 and 607.1508. Florida Statutes	the abov	e-named co	· · · · · · · · · · · · · · · · · · ·	changing	its registered
office or	registered agent, or both, in the State	of Florida. Such change was aut	horized by	the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoi	ntment as	registered
, .		illians of, Section 607.0505, Flond	ia Statute:	5.			
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable /NOTE: R	enistered Ane	ot sionature requ	ired when reinstating) DATE		
12.		ND DIRECTORS	13.	Ar dignotoro roqu	ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		, 155 11 5 11 1 1 1 1 1 1 1 1 1 1 1 1 1	Chang	
NAME	NUNZIATO, ROBERT V		1.2 NAME			_	_
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL	···	1.4 CITY- S	- (
TITLE	THOSE THOOD I'S	☐ DELETÉ	2.1 TITLE	31-212		Chang	e Addition
	1		•	1		[_] Onding	c
NAME			2.2 NAME				
STREET ADDRESS	3		ľ	T ADDRESS			ł
CITY-ST-ZIP	 		2. 4 CITY-	ST-ZIP			7
TITLE	Page 1990 - Telescope	DELETE	3.1 TITLE			☐ Change	e 🗌 Addition
NAME			3.2 NAME				{
STREET ADDRESS	[[[] [[] [] [] [] [] [] [] [] [] [] [] [3.3 STREE	TADORESS			.
CITY-ST-ZIP	2.3		3.4. CITY-5	ST-ZIP	<u> </u>		
TITLE		☐ DELETE	4.1 TITLE			Change	e ['Addition
NAME		, .	4. 2 NAME				J
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP	Section Section 2		4.4 CITY-S				
TITLE	T	☐ DELETE	5.1 TITLE			☐ Change	e Addition
NAME			5.2 NAME		· · · · · · · · · · · · · · · · · · ·		_
STREET ADDRESS			5.3 STREE	TADDRESS			(
CITY-ST-ZIP	A state of the sta		5.4 CITY-S	T-ZIP			
TITLE	The state of the s	☐ DELETE	6.1 TITLE			Change	e
NAME	Lydrica du diale 🕡		1			ுகள்ள	
+**WE			62 NAME	1			1
CYNCET LONG.		The state of the s	6.2 NAME	LADDOEGO			
STREET ADDRESS			6.2 NAME 6.3 STREET				

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 affachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)