

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000051523 (5)

1. Corporation Name

RELAX WITH MAX, INC.



Principal Place of Business

Mailing Address

2455 E SUNRISE BLVD SUITE 502
FT LAUDERDALE FL 33304

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FT LAUDERDALE FL 33304

3. Date Incorporated or Qualified

3a. Date of Last Report

07/03/1995

4. FEI Number

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNITZER, GERALD S
2455 E SUNRISE BLVD SUITE 502
FT LAUDERDALE FL 33304

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 607.0506, Florida Statutes.

SIGNATURE

Signature of person from whom the corporation is to be changed.

Signature of Registered Agent (signature required for all filings).

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SCHNITZER, GERALD S	
STREET ADDRESS	2455 E SUNRISE BLVD SUITE 502	
CITY- ST- ZIP	FT LAUDERDALE FL 33304	
TITLE	President/Director	☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	Pres/Secy/ Dir
2.3 STREET ADDRESS	maxine oberman
2.4 CITY- ST- ZIP	3980 INVERARY BLVD
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	FT LAUD., FL 33319
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	100001829361
5.3 STREET ADDRESS	-05/20/96--01046--022
5.4 CITY- ST- ZIP	***200.00
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 or change of name or appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/26/96 934 N652393

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