FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000054808 (7)

MAXI-MARKETING, INC.

FILED Jan 28 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 3632 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 3344				0405				
DEERFIELD BE	ACH FL 33442	DEEKFIELD BEA	10H FL 33442-8	PALICO THE STATE OF THE STATE O				
!						Date Incorporated or Qualified 07/13/1995	3a. Date of Last 08/16/1996	
	ace of Business	2a. Mailing Add	dress			4, FEI Number		Applied For
Suite, Apt	E cto	26 Cuito Ant	u oto			65-0593871		Not Applicable
22 Suite, Apt	#, etc.	<u> </u>	Suite, Apt #, etc.			Certificate of Status Desired		Additional Required
City & State)		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution		to Fees
Ζφ	Country	Zip	<u></u>	Country		8. This corporation has liability for		s. 199.032,
24	25 Name and Address of Curr	29 29 Agent	30			Florida Statutes 10. Name and Address of New R	Yes No	
DEA	RSON, NOLA-ANN			81	Name/	1 1/1 D-10=01		
	90 BOCA WEST DR.				NOL	4-HINN TEARSON		
#34				82	Street Add	dress (P.Q. Box Number is Not Accepta		1
1	CA RATON FL 33434			83		1		
				84	City .	2 1 1 1	R5 Zu	Code,
					DEF	FIELD BEACK	FL 🖺 🌊	3442
office or ri	egistered agent, or both, in the Sta	ite of Florida. Such cha	ange was author	orized by	named co the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing opt the appointment a	Its registered
agent. La	m familiar with and accept the obl	igations of, Section 60	7.0505, Florida	Statutes.	,	·		
SIGNATURE	Signature Typed or printed name of registered	agent and toe it applicable	(NOTE: Rec	pistered Agen	t signature regi	uired when reinstating)	DATE	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	·······	PRS IN 12
TITLE	P		DELETE	1.1 TITLE			Change	
NAME	PEARSON, NOLA		1	1.2 NAME	ـ ا	100 10 1/11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	01.11	};
STREET ADDRESS	20090 BOCA WEST DR #34	2		1.3 STREET A	IDDRESS 🎝	133 W. HILLSBORD DEERFIELD BO OC	100 m	21/2
Crty-St-ZiP	BOCA RATON FL			1.4 CITY-ST	-ZIP Z	KERFIELD DIQC	1 FL 22	792
TITLE			DELETE	2.1 TITLE			L Change	Addition
NAME				S.S NAME				1
STREET ADDRESS			- 1	2.3 STREET A	1			· ·
CITY-ST-ZIP TITLE				2 4 CITY-ST 31 TITLE	7-ZIP		☐ Change	Addition
NAME				32 NAME	ľ		CT Origings	
STREET ADDRESS				3.3 STREET	INDEES			1
CITY-ST-ZIP				3.4. CITY - S1	1			
TITLE	······································		DELETE	4.1 TITLE			Change	Addition
NAME			1	4. 2 NAME			_ •	
STREET ADDRESS				4.3 STREET A	DDRESS			1
CITY-ST-ZIP				4.4 CITY-ST	- ZIP			1
TITLE			DELETE.	5.1 TITLE			Change	Addition
NAM 5				5.2 NAME				
STREET ADDRESS			Ī	5.3 STREET A	DDRESS	·		
CITY ST-ZIP				54 CITY-ST	- ZIP			
TOLE			DELETE	6 1 TITLE			Change	Addition
NAME				62 NAME				ľ
STREET ADDRESS			1	6.3 STREET	NDDRESS			
CITY-ST-ZIP				6.4 City-St	- ZIP			

14. I do 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: ..

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97 (954) 428-150

F 1923799 034 (9/96)