

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

FILED

**May 28 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000067522 (9)
1. Corporation Name
MAXIMA SALES, CORP.



Principal Place of Business: 4360 NORTHLAKE BLVD. #209 PALM BEACH GARDENS FL 33410 US
Mailing Address: 4360 NORTHLAKE BLVD. #209 PALM BEACH GARDENS FL 33410 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4300 10TH AVE N.
Suite, Apt. #, etc. #4
City & State LAKE WORTH, FL
Zip 33461 Country USA

2a. Mailing Address
26 4300 10TH AVE N.
Suite, Apt. #, etc. #4
City & State LAKE WORTH, FL
Zip 33461 Country USA

3. Date Incorporated or Qualified: 08/30/1995
4. FEI Number: 65-0675533
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
AINE, AL
12812 MEADOWBREEZE DR.
WELLINGTON FL 33414

10. Name and Address of New Registered Agent
81 Name: AL AINE
82 Street Address (P.O. Box Number is Not Acceptable): 12812 MEADOWBREEZE DR.
83
84 City: WELLINGTON FL 85 Zip Code: 33414

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 Type: (Type in plain text or name of the Signer if it is not applicable) (Print Name of Registered Agent signatory required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	AINE, AL	
STREET ADDRESS	12812 MEADOWBREEZE DR.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000002544180
5.3 STREET ADDRESS	-06/02/98--01031--030
5.4 CITY-ST-ZIP	***300.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 attachment with an address.

SIGNATURE _____

CR2E034 (10/97)