

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000092017 (9)

1. Corporation Name

MAXWELL INTERNATIONAL, INC.



Principal Place of Business

900 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

Mailing Address

900 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

2. Principal Place of Business

2a. Mailing Address

21

26

13501- BUCKHORN RUN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

COURT

City & State

28

ORLANDO, FLORIDA

23

Zip Country

29

32837

Country

24

30

U.S.A.

3. Date Incorporated or Qualified
12/04/1995

3a. Date of Last Report

4. FEI Number

59-3348249

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALIK, ABDUL M
900 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

81 Name

KHALID PERVAIZ

82 Street Address (P.C. Box Number is Not Acceptable)

83

900. SOUTH ORANGE BLOSSOM TRAIL

84 City

ORLANDO

FL

85 Zip Code

32805

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D MALIK, ABDUL M
STREET ADDRESS
900 S. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP
ORLANDO FL 32805

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1. 1 TITLE

1. 2 NAME

1. 3 STREET ADDRESS

1. 4 CITY-ST-ZIP

2. 1 TITLE

2. 2 NAME

2. 3 STREET ADDRESS

2. 4 CITY-ST-ZIP

3. 1 TITLE

3. 2 NAME

3. 3 STREET ADDRESS

3. 4 CITY-ST-ZIP

4. 1 TITLE

4. 2 NAME

4. 3 STREET ADDRESS

4. 4 CITY-ST-ZIP

5. 1 TITLE

5. 2 NAME

5. 3 STREET ADDRESS

5. 4 CITY-ST-ZIP

6. 1 TITLE

6. 2 NAME

6. 3 STREET ADDRESS

6. 4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/96

407-246-1650

Date

Daytime Phone #

CR2E034 (12/95)