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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** 

P95000092017 (9)

MAXWELL INTERNATIONAL, INC.

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 MAR -9 PM 2: 31



Principal Place	of Business	Mailing Adde				
900 S. ORANGE BLOSSOM TRAIL 13501 BUCKHORN RUN ORLANDO FL 32805 ORLANDO FL 32837						
ONDINOC PL	32003	US	rL 32001			DO NOT WRITE IN THIS SPACE
		••				3. Date Incorporated or Qualified
						12/04/1995
	ace of Business	2a. Mailing A	28. Mailing Address			4, FEI Number Applied For
21		26				<b>59-3348249</b> Not Applicable
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			5 Certificate of Status Desired Status Desired \$8.75 Additional
22		27				Fee Required
City & State	•	<b>├</b> ─┐ ′	City & State			6. Election Campaign Financing \$5.00 May Be
23	Country Zip Coi					Trust Fund Contribution Added to Fees
Zip	Country	<del></del>		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
24	8 Name and Address of Curr	29 Peoistered Age	30	<u> </u>	<del></del>	Personal Property Tax due June 30. L. Yes L. No  10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent					Name	IV. Hallie and Addiess of New Neglisteled Agent
KHALID, PERVAIZ				Ĺ		
	) S OANGE BLOSSOM TRAIL			82	Street	Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32805				83		
				84	City	FL 85 Zip Code
11 Purcuant to	the pravisions of Sections 607.0	502 and 607 1508 F	lorida Statutos, t	he above	namad	
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 ingistered agent and title II applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
12.		ND DIRECTORS	(1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		DELETE	1.1 TITLE		Change Addition
NAME	MUNAWAR, ABDUL G			1.2 NAME		MALIK, ABDUL G. MUNAWAR
STREET ADDRESS	900 S. ORANGE BLOSSOI	/ TRAIL		1.3 STREET	ADDRESS	900 South Orange Blossom Trail
CITY-ST-ZIP	ORLANDO FL		ſ	1.4 CITY-S	T-ZIP	Orlando, FL 32805
TITLE	VP		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MUNAWAR, SAADIA AG			2.2 NAME		2000004590226
STREET ADDRESS	13501 BUCKHORN RUNCO	ourt		2.3 STREET	ADDRESS	3000024590736
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-S	T-ZIP	*****158.00 ×
TITLE			DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			•	3.2 NAME		
STREET ADDRESS			E .	3.3 STREET	ADDRESS	(14K
CITY-ST-ZIP				3.4. CITY-S	T-ZIP	
TITLE			DELETE	4.1 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET	address	Llalex
CITY-ST-ZIP				4.4 CITY - ST	r-ZiP	$\partial VVVO$
TITLE			DELETE	5.1 TITLE		Change Addition
NAME			Į.	5.2 NAME		
STREET ADDRESS				5.3 STREET	address	
CITY-ST-ZIP				5.4 CITY - ST	- 719	
TITLE			DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADDRESS			ľ	6.3 STREET	address	
CITY-ST-ZIP				6.4 CITY-S)		
14 I hereby co	wife that the information cumuliar	with this filing does r	of qualify for the	a avamnt	on state	ed in Section 119 07(3)(i) Florida Statutes, Lighther certify that the information

4. 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 amoddress.

SIGNATURE:

03/05/1498(407.) 246-1650