

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

FILED

Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000013616 (3)**

1. Corporation Name
MAX MULTI MEDIA, INC.

Principal Place of Business
**425 EAST HIGHLAND DRIVE
LAKELAND FL 33813**

Mailing Address
**425 EAST HIGHLAND DRIVE
LAKELAND FL 33813-1730**



2. Principal Place of Business 21 425 555 Peninsular Drive		2a. Mailing Address 26 555 Peninsular Drive		3. Date Incorporated or Qualified 02/09/1996	3a. Date of Last Report
22 City & State Lakeland, Florida		27 City & State Lakeland, Florida		4. FEI Number 59-3423285	Applied For ☐ Not Applicable
23 Zip 33813		28 Zip 33813		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24 Country USA		29 Country USA		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent
**MARTIN, E S JR.
200 LAKE MORTON DRIVE
LAKELAND FL 33801**

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Valerie Marie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-97 (941)619-7381

CR2E034 (9/96)