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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

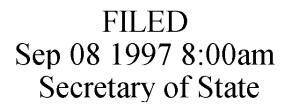
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000015412 (5)

MAXIMUM THROUGHPUT, INC.





Principal Plac	ce of Business	Mailing A	Mailing Address								
112 PARADISE VALLEY COURT DAYTONA BEACH FL 32114			112 PARADISE VALLEY COURT DAYTONA BEACH FL 32114-1189								
							3. Date Incorporated or Qualified 02/16/1996	3a. Date o	f Last F	Report	
	Place of Business	⊢ −¬	2a. Mailing Address				4. FEI Number Applied For			pplied For	
21	# ata		26				- - 			ot Applicable	
Suite, Apt	(27	· • - · · · · · · · · · · · · · · · · ·				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Sta		28					Election Campaign Financing Trust Fund Contribution	, , , , , , , , , , , , , , , , , , ,			
4 P	Country	Zip		Cou	intry		8. This corporation has liability for in			s. 199.032,	
24	25] 9. Name and Address of Currer	29	l cont	30		••••		Yes N			
		ii negistered /	-tgent		81	Name	10. Name and Address of New Reg	istered Ager	11		
	STRI, VENKATADRI M				0	Name					
112 PARADISE VALLEY COURT DAYTONA BEACH FL 32114						Street Ado	dress (P.O. Box Number is Not Acceptable)				
DATTONA BEAUTI FL 32114			63								
					84	Cily		FL 85	Zip	Code	
Diffice or	registered agent, or both, in the State am familiar with, and accept the oblig	of Horida, Suc ations of, Section	ch change was a on 607.0505, Flo	authorized orida Stat	d by utes	the corpora	poration submits this statement for the pition's board of directors. I hereby accep	t the appointn	nent as	registered	
12.		D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTO	RS IN 12	
TITLE	0		DELETE	1.1 111	TLE		-		Change	Addition	
NAME	SASTRI, GAUTHAM M	_		1.2 NA	ME						
STREET ADDRESS	112 PARADISE VALLEY COUR	ŧ				ADDRESS					
CITY-ST-ZIP	DAYTONA BEACH FL 32114		DELETE	1.4 CI		- ZIP				F-1 4 100	
TITLE NAME	D Reid, S. A		ULLETE	2.1 1(1				<u></u> П	Change	Acdition	
STREET ADDRESS	4324 SHERBROOKE STREET,	WEST		2.2 NA	_						
CITY-ST-ZIP	WESTMOUNT, QUEBEC H3Z 1					ADDRESS					
TITLE	TIGOTHIO TITLE T	07 1 C 04 117	DELETE	2 4 CI 3.1 TIT		1-214		- we [7]	Change	Acdilion	
NAME	1 .			3.2 NA				. بــــا	onango		
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP	<u></u>			3.4. Ci	ITY-S	1 - ZIP					
TITLE			DELETE	4.1 []]					Change	Addition	
NAME				4. 2 N/	AME						
STREET ADDRESS				4.3 ST	REET	ADDRESS					
CITY-ST-ZIP					TY-\$T	-ZiP					
TITLE			☐ DELETE	5.1 111					Change	☐ Addition	
NAME				5.2 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE		*** . * . * . * . * . * . * . * . * . *	DELFTE	5.4 CH		- ZIP			Obsession	T Augus	
			□ nrrtit	6.1 1(1				ال	Change	☐ Addition	
NAME CTOTET ADODECC				6.2 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				6.4 CI1	IY-ST	-ZIP					

14. I do hereby contify that the information supplied with this filling 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 constraint 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 made in 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 made in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

CICNIATURE

To Comment N/ Con

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