
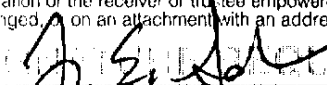


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # P96000020021 (7) 1. Corporation Name: MAX'S PLACE, INC.											
Principal Place of Business 1091 HIBISCUS STREET ATLANTIC BEACH FL 32233			Mailing Address 1091 HIBISCUS STREET ATLANTIC BEACH FL 32233-2651								
2. Principal Place of Business 21 1915 OAK GROVE Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE BEACH, FL Zip 24 32250 Country 25		2a. Mailing Address 26 1915 OAK GROVE Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE BEACH, FL Zip 29 32250 Country 30		3. Date Incorporated or Qualified 02/29/1996 3a. Date of Last Report 4. FEI Number 59-3366097 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
9. Name and Address of Current Registered Agent PATTERSON, LAWRENCE 3010 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code								
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
12. OFFICERS AND DIRECTORS 12.1 TITLE <input type="checkbox"/> DELETE NAME D GOLDSMITH, LARRY STREET ADDRESS 1091 HIBISCUS STREET CITY-ST-ZIP ATLANTIC BEACH FL 32233 12.2 TITLE <input type="checkbox"/> DELETE NAME D GOLDSMITH, NORA L STREET ADDRESS 1091 HIBISCUS STREET CITY-ST-ZIP ATLANTIC BEACH FL 32233 12.3 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 12.4 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 12.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 12.6 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 1915 OAK GROVE 13.4 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 1915 OAK GROVE 13.8 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP 13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP 13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP					
14. I do 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, on an attachment with an address.											
SIGNATURE:  4/7/97 904-247-8152 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone											



CR2E034 (9/96)