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

CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Sangra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Jun 19 1997 8:00am

Secretary of State

DOCUMENT # P96000064105 (5)

MAXWELL MANAGEMENT INC.

Principal Place of Business Mailing Address 6331 NALLE GRADE ROAD 6331 NALLE GRADE ROAD FT. MYERS FL 33917 FT. MYERS FL 33917-4435 3. Date Incorporated or Qualified 3a. Date of Last Report 07/31/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 650692170 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MAXWELL, DANIEL B 6331 NÆLE GRADE ROAD Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33917 83 84 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 horeby 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 little if applicable (NOTE_Registered Agent signature required when relinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13 DELETE **K** Change Addition TITLE 1 1 TITLE P MAXWELL, DANIEL B NAME 1.2 NAME Maxwell, Daniel B 6331 NALLE GRADE ROAD 6331 Nalle Grade Road STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL 33917 N. Ft. Myers, Fl 33917 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 21 TITLE Addition NAME 22 NAME Kyle Mulder STREET ADDRESS 2.3 STREET ADDRESS 766 Higgins Road CITY-ST-ZIP 2 4 CHTY - ST - ZIP N.Ft. Myers, Fl 33917 DELETE Change TITLE 3.1 TITLE ✓ Addition NAME 3.2 NAME Dan Post STREET AFIDRESS 3.3 STREET ADDRESS 1225 S.E. 24th Ave Cape Coral, Fl 33990 CITY-ST-ZIP 3.4. C(TY - ST - ZIP Addition DELFTE Change TITLE 4.1 TITLE Chris Tuthill NAME 🐣 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 3245 W Jamestown Circle CITY-ST-ZIP 4.4 CITY - ST - 7IP N.Ft. Nyors, Fl 33917 DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

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 eath, 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 in changed, or on an appear in Block 12 or Block 13 in changed, or on an appear in Block 12 or Block 13 in changed, or on an appear in Block 12 or Block 13 in changed. 941 1471778

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP