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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9700007262 1. Corporation Name MAXWELL PARTNERS DEVELOPMENT COMPANY

Mailing Address

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90016 046 ***150.00



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3160 MIRO DRIVE SOUTH PALM BEACH FL 33410		PALM BEA	DRIVE SOUTH CH FL 33410		DO NOT WRITE IN THIS SPACE			
ALM BEACH FL	33410		,		3. Date Incorporated or Qualifed			
					3. Date incorporated of Qualified			
	•				01/24/1997		- Transi	ied For
		2a. Mailing	Address		4. FEI Number			
2. Principal Plac	ce of Business	⊢ ¬	•		65-0721646			Applicable
1		26 Suite	Apt. #, etc.		Desired		\$8.75 Ad	
Suite, Apt. #,	etc.		дри н, ото.		5. Certificate of Status Desired		Fee Req	
2		27			6. Election Campaign Financing		\$5.00 M	lay Be
City & State	*	City &	State		Trust Fund Contribution		Added to	Fees
3	•	28			8. This corporation owes the cur	rrent vear in	ntangible	
Zip	Country	Zip		Country .		iiciii yoor	☐ Yes [No
 1	25	29	30	<u> </u>	Personal Property Tax. 10. Name and Address of New	Registered	Agent	
4	9. Name and Address of C	urrent Registered /	Agent		10. Name and Address of New	140giotoi et		
	9. Hame and Access		1 1	81 Name				·
RVPN	, BARRY B		. 4	82 Street Add	dress (P.O. Box Number is Not Accep	table)		i
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				<u> </u>		- nurnoco (of changing its	egistered
Commence of the control of the contr	of Sections 60	7 0502 and 607,150	8. Florida Statutes,	the above-named cor	rporation submits this statement for th tion's board of directors. I hereby acc	ept the app	ointment as reg	istered
11. Pursuant to	o the provisions of Sections of	State of Florida. Sur	ch change was auth	orized by the corpora	rporation submits this statement for th tion's board of directors. I hereby acc		•	
Office of te	families with and accent the	obligations of, Section	on 607.0505, Florida	a Statutes.				
agent, I an	n laminal with, and accept me	•						
						DATE		
	Stanature, typed or printed name of registe	red agent and title if applicat	ble. (NOTE: Re	gistered Agent signature requ	ired when reinstating)	DATE		
SIGNATURE	Stanature, typed or printed name of registe		ble. (NOTE: Re	gistered Agent signature requ	ADDITIONS/CHANGES TO C	DATE	AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registe OFFICER	red agent and title if applicat	ble. (NOTE: Re	gistered Agent signature requ	ired when reinstating)	DATE		RS IN 12
SIGNATURE 12.	Signature, typed or printed name of register OFFICER	red agent and title if applicat	ble. (NOTE: Re	gistered Agent signature requ	ADDITIONS/CHANGES TO C	DATE	AND DIRECTO	RS IN 12
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indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed, or on an attachment with an address, with all other changes.

SIGNATURE: