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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90069 002 ***150.00

DOCUMENT # P97000042859

1. Corporation Name
MAX-ON PROPERTIES, INC.



Principal Place of Business

Mailing Address

~~1 PURLIEU PLACE, STE. 230~~
~~WINTER PARK FL 32792~~

~~1 PURLIEU PLACE, STE. 230~~
~~WINTER PARK FL 32792~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1997

2. Principal Place of Business

2a. Mailing Address

21 1456 S. Semoran Blvd

26 1456 S. Semoran Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Orlando, FL

27

City & State

City & State

23 32807 U.S.

28 Orlando, FL

Zip

Zip

Country

Country

24

25

29 32807

30

U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREZ, JUAN C
~~1 PURLIEU PLACE, STE. 230~~
~~WINTER PARK FL 32792~~

81 Name

JUAN C. Perez

82 Street Address (P.O. Box Number is Not Acceptable)

1456 S. Semoran Blvd

83

84 City

Orlando

FL

85 Zip Code

32807

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PEREZ, JUAN C
STREET ADDRESS 3245 HILLMONT CIRCLE
CITY-ST-ZIP ORLANDO FL 32817

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2842 Bolton Blvd
1.4 CITY-ST-ZIP Orlando, FL 32817

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/99

Daytime Phone #

407-672-0009

CR2E034 (11/98)