SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZiP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700066255 (5)

MAXIMUM CONSTRUCTION CORPORATION

Principal Place of Business		Mailing Address		- C C C C C C C C C C C C C C C C C C C	
\$330 7TH AVE NW NAPLES FL 34119		5330 7TH AVE NW NAPLES FL 34119			
		188 BEG 15 97110		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	
				07/31/1997	
2. Principal Place of Business 2a. Malling Address			4. FÉI Number	Applied For	
21		26 790 HARBO	UR DR	65-0780521	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27 23			Fee Required
City & State		City & State 28 NAPLES FL		6. Election Campaign Financing \$5.00 May Be	
Zip	Country	Zip Zip Zip Zip Zip Zi	Country	Trust Fund Contribution	Added to Fees
24	25	29 34103-4461	SOUTH SA	8. This corporation owes or has paid the	current year Intangible
[24]	9. Name and Address of Curre		10 5/1	Personal Property Tax due June 30. 10. Name and Address of New Register	
AUL DAND I					ou Agent
Thick, Orting of				NE KRONON GALATI	
5330 7TH AVE., NW NAPLES FL 34119			82 Street Addi 790	ress (P.O. Box Number Is Not Acceptable) HARBOUR DRIVE	
MATES TE 34118			0.0		
			" OUIT		
			84 CHYAPL	ES F	85 Zip Code
11. Pursuani	to the provisions of sections 607 050	02 and 607 1508 Florida Statutes	the above-named corno	ration submits this statement for the numose o	changing its registered
office or	registered agent, or both, in the Stat	◆of Florida. Such change was au	thorized by the corporati	on's board of directors. I pereby accept the ap	pointment as registered
ŀ	am familiar with, and account the oblid	parons of, section 607.0505, Flori	da Statutes.	and known halak	7/10/98
SIGNATURE	Signature, typed or printed name of registered ag	n indifficial applicable. (NOT)	E: Registered Agent signature req		17.
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	HILL, DAVID J		1.2 NAME		_ , _
STREET ADDRESS	5330 7TH AVE., NW		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34119		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	HILL, EDWARD		2.2 NAME		• • • • • • • • • • • • • • • • • • • •
STREET ADDRESS	1220 ANDREWS AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34112		2.4 CITY-ST-ZIP		
TITLE	D	DELETE	3 1 TITLE		Change Addition
NAME	HERB, MARVIN		3.2 NAME		- —
STREET ADDRESS	7400 N. OAK PARK AVE., EXE	CUTIVE STE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	NILES IL 60714-3818		3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Cyange Addition
NAME			4.2 NAME		$M \sim 1$
STREET ADDRESS			4.3 STREET ADDRESS		%) //2,
CITY-ST-ZIP			4.4 CITY-ST-ZIP		1/19-3

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 suppliemental annual report is true and succurate 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 attantiment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

CR2E034 (5/

Change Addition

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***150.00

7/10/08

Addition

FILED

Secretary of State

Jul 20 1998 8:00am