

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000069996 (1)

1. Corporation Name
MAX SOFTWARE CO.



Principal Place of Business
20130 SUGARLOAF MTN RD
CLERMONT FL 34711

Mailing Address
20130 SUGARLOAF MTN RD
CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/12/1997

2. Principal Place of Business
21 810 MAYFAIR CIRCLE
Suite, Apt. #, etc.

2a. Mailing Address
26 810 MAYFAIR CIRCLE
Suite, Apt. #, etc.

4. FEI Number
59-3468868
Applied For
Not Applicable

22 City & State
23 ORLANDO, FL

27 City & State
28 ORLANDO, FL

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

24 Zip 32803 25 Country ORANGE

29 Zip 32803 30 Country ORANGE

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BAILEY, JOHN K
20130 SUGARLOAF MTN RD
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name BAILEY, JOHN K.
82 Street Address (P.O. Box Number is Not Acceptable)
810 MAYFAIR CIRCLE
83
84 City ORLANDO FL 85 Zip Code 32803

11. Pursuant to the provisions of Sections 607.060 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 607.0605, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	JOHN K. BAILEY	810 MAYFAIR CIRCLE	ORLANDO, FL 32803					<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE *John K. Bailey* JOHN K. BAILEY President 1/13/98 407-578-4000

CR2E034 (10/97)