

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

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**May 07 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 # P97000071908 (2)**

1. Corporation Name  
**MAXIMO MARINA, INC.**



Principal Place of Business  
**3701 50th Av South**  
**ST PETERSBURG FL, 33711**

Mailing Address  
**3701 50th Av South**  
**ST PETERSBURG FL 33711**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3701 50th Av South</b>		2a. Mailing Address 26 <b>3701 50th Av S</b>		3. Date Incorporated or Qualified <b>08/14/1997</b>	
22 Suite, Apt. #, etc. <b>Accounting Office</b>		27 Suite, Apt. #, etc. <b>Accounting Office</b>		4. FEI Number <b>59-3463662</b>	
23 City & State <b>St. Petersburg FL</b>		28 City & State <b>St. Petersburg FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>33711</b> Country <b>USA</b>		29 Zip <b>33711</b> Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
g. Name and Address of Current Registered Agent <b>WEBER, MICHAEL R</b> <b>611 BELLE ISLE AVE</b> <b>BELLEAIR BEACH FL 33786</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name <b>Weber, Michael R</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>3701 50th Av South</b>
83	
84 City <b>St. Petersburg</b>	85 Zip Code <b>FL 33711</b>

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 *M R Weber*, Treasurer [Michael Weber] 4/25/98  
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>Jimmy Aviram</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>3701 50th Av South</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>St Petersburg, FL 33711</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Treasurer, Secretary</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>Michael R. Weber</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>3701 50th Av South</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *M R Weber* Secy/Treas 4/25/98 813 263 5669  
Signature and typed or printed name of signing officer or director Date

CR2E034 (10/97)