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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000087420

1. Corporation Name

MAXOLY, INC.

FILED Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90040 017 ***150.00



Principal Place	e of Business	Mailin	ig Address						TCH (EQIC QUIT	64(4) 063() U	OLOH HELSE HAMILE		
1876 SW 11 STREET 1876 SW 11 STREET							-						
MIAMI FL 33135 MIAMI FL 33135													
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								09/19 <u>97</u>					
2. Principal Pl	lace of Business	2a. Ma	ailing Address				1	Number			\vdash	Applied	
21		26					65	<u>0786392 </u>			***	Not App	
Suite, Apt.	#, etc.	Si.	uite, Apt. #, etc.				5. Cert	ifcate of Stat	us Desired			5 Addition	
22		27									•		
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23		28		Cou	intry			t Fund Contr				ed to rei	es
Zip	Country	Zip			niu y		5	corporation		urrent year	Intangible Yes	□м	n
24	25	29		30	T			onal Propert ne and Addr		v Register			<u> </u>
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office or re	registered agent or both in the S	State of Florida. 3	Such change was at	rthorized	1 bv 1	the corporat	tion's board	of directors.	hereby acc	cept the ap	pointment a	s registe	red
agent La	im familiar with, and accept the o	bligations of, Se	ection 607.0505, Flor	ida Stati	utes								
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SIGNATURE		<u> </u>								DATE		-	
SIGNATURE	Signature, typed or printed name of registers		plicable. (NOTE	Registered			ired when reinstati		VICES TO (DATE		TORS I	
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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 attantiment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR