

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

PROFIT CORPORATION ANNUAL REPORT
1999 AMENDED



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

FILED

99 MAY 18 PM 1:18

DOCUMENT # P98000065175

1. Corporation Name
MAXALUNA, INC. ✓

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**1301 S.W. 2nd Street
 Pompano Beach, FL 33069**

[Handwritten mark]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified 7/24/1998	
4. FEI Number 65-0857582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Paul J. McAlduff
 1301 S.W. 2nd Street
 Pompano Beach, FL 33069**

10. Name and Address of New Registered Agent

81 Name	Andrew Hrenick
82 Street Address (P.O. Box Number is Not Acceptable)	1301 S.W. 2nd Street
83	
84 City	Pompano Beach FL 85 Zip Code 33069

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]* DATE **5/3/99**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	Director <input checked="" type="checkbox"/> DELETE
NAME	Paul J. McAlduff
STREET ADDRESS	1301 S.W. 2nd Street
CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	Director <input checked="" type="checkbox"/> DELETE
NAME	Evelyn J. McAlduff
STREET ADDRESS	1301 S.W. 2nd Street
CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Andrew Hrenick
1.3 STREET ADDRESS	1301 S.W. 2nd Street
1.4 CITY-ST-ZIP	Pompano Beach, FL 33069
2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Andrew Hrenick
2.3 STREET ADDRESS	1301 S.W. 2nd Street
2.4 CITY-ST-ZIP	Pompano Beach, FL 33069
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Andrew Hrenick
3.3 STREET ADDRESS	1301 S.W. 2nd Street
3.4 CITY-ST-ZIP	Pompano Beach, FL 33069
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	100002904651--2
4.3 STREET ADDRESS	-06/15/99--01031--008
4.4 CITY-ST-ZIP	*****61.25 *****61.25
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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

SIGNATURE: *[Signature]* DATE: **5/3/99** (954) 942-8122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ANDREW HRENICK