## PROFIT CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90020 013 \*\*\*150.00

DOCUMENT # P98000102815 MAX HOLDINGS, INC. Maliting Address Principal Place of Business POST OFFICE BOX 7533 12380 66TH STREET NORTH CLEARWATER FL 33758 LARGO FL 33773 DO NOT WRITE IN THIS SPACE, 3. Date Incorporated or Qualifed 12/10/1998 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business !59 .354*555* Not Applicable 26 21 \$8.75 Additional Suite, Apt. #. etc. Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State -Election Campaign Financing City & State -e 🖭 👓 Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Country Zip ☐ Yes Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GZE6 A. Nowak **AMERILAWYER** Street Address (P.O. Box Number Is Not Acceptable) 343 ALMERIA AVENUE 12360 66 T. CORAL GABLES FL 33134 City\_ APGO 33773 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. red Agent eignature required when reus CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition Change DELETE 1.1 TITLE TIFLE 1.2 NAME NOWAK, GREG A NAME 12360 66TH STREET NORTH 1.3 STREET ADDRESS STREET ADDRE LARGO FL 33773 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DOELETE D 21 TILE TITLE LYNN MARIE NOWAK STUMBERS, LYNN M 22 NAME NAME 360 66 ST N 2.3 STREET ADDRESS 12360 66TH STREET NORTH STREET ADDRES 55773 2.4 CITY-ST-ZIP LARGO FL 33773 CITY-ST-ZIP Addition Change CODELETE 3111116 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRES 3.4. CITY-ST-ZP CITY-ST-ZF Change ☐ Addition DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZP CITY-ST-ZIP ☐ Addition Change DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRES 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change 6.1 TITLE DELETE TILE 62 NAME MALE 6.3 STREET ADDRESS STREET ADDRESS 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 path; 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE

MY//mydure required

4.2.99 727.596.2118