SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:43

DOCUMENT # **S28178** **(9)**

1. Corporation Name

MAAS MARKETING, INC.

Principal Place of Business	Mailing Address
3520 OAKS WAY APT 601 POMPANO BEACH FL 33069	3520 OAKS WAY APT 601 POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1991	3a. Date of Last Report: 02/08/1994
4. FEI Number: ~~22-3051141~~ 65-0242433	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. [illegible] ☐	$5.00 May Be Added to Fees
7. This corporation has subsidy for exemption tax under s. 199.032 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAAS, IROLIN 3520 OAKS WAY APT 601 POMPANO BEACH FL 33069	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1505, 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 (if any) listed with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [illegible]

12. OFFICERS AND DIRECTORS	13.
Title P Name MAAS, CHESTER A. Street Address 3520 OAKS WAY City-St-Zip POMPANO BCH. FL	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition

CR2E034 (3/95)

14. I hereby certify that the information supplied with this filing is authority forwarded and 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 above, or on an attachment with an address.

SIGNATURE: [signature] June 27, 1995 305-979-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
CHESTER A. MAAS

0141413 FP