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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # S61542

MAXIM SALES, INC.

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90020 031 \*\*\*150.00



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Principal Plac	ce of Business	Mailing Addres	<u> </u>			- 1 (85)(819 (17)	II DI II DA BARA		HAN ANGH MÍN I	
11059 NASHVILLE DR. 11059 NASHVILLE DR. COOPER CITY FL 33026 COOPER CITY FL 33026										
COOPER CITY	FL 33026	COOPER CITY F	L 33026			1 .	OO NOT WRIT	F IN THIS	SPACE	
					•	3. Date Incorporate			0.702	
	•					06/19/1991	a or acamea			
2. Principal F	Place of Business	2a. Mailing Add	ress			4. FEI Number			TAN	plied For
21		26				65-0278853			<b>⊢</b> →	t Applicable
Suite, Apt	. #, etc.	Suite, Apt. #	, etc.							Additional
22		27				5. Certificate of Stat	us Desired		Fee Re	
City & Sta	te	City & State	)			6. Election Campaig	n Financing		\$5.00	
23		28				Trust Fund Contr	-	Ò	Added 1	
Zip	Country	Zip	C	Country		8. This corporation	owes the curre	ent year Int	angible	
24	25	29	30			Personal Propert	y Tax.		Yes	□No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Addr	ess of New R	egistered .	Agent	
000	NUEDMANI MAN			81 1	Vame					- }
	CHERMAN, MAX 59 NASHVILLE DR.			82 5	Street Addre	ss (P.O. Box Number i	s Not Accepta	ble)		
								1 1 1 1 1 1 1	2 1 2 <u>11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	** <u>* * * * * * * * * * * * * * * * * *</u>
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	<u>, , , , , , , , , , , , , , , , , , , </u>	·						FL	.     `	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Flor	ida Statutes, the	e above-n	amed corpor	ration submits this state	ement for the	purpose of	changing its	registered
office or	registered agent or both in the Stat				· corporation					gistered j
l office or	registered agent, or both, in the Stat am familiar with, and accept the obli	e of Fiorida. Such char gations of, Section 607.	nge was authoriz .0505, Florida St	zed by the Statutes.	e corporation	n's board of directors. I	nereby accep	t the appoil	11.11011, 20 10	-
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office or agent. I a SIGNATURE	am familiar with, and accept the obli- Signature, typed or printed name of registered a OFFICERS A	gations of Section 607 gent and title if applicable	.0505, Florida St	ered Agent sig		•	· · · · · · · · · · · · · · · · · · ·	DATE	D DIRECTO	
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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 attachment with an address, with all other like empowered.