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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

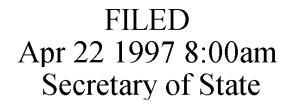
DOCUMENT # S62651

(2)

MAXIMUM BUSINESS AUTOMATION CONSULTING, INC.

Principal Place of Business

Mailing Address





				2402 W CLEVELAND ST TAMPA FL 33609-3324										
										Date Incorporated or Qualified 06/14/1991	3a. Date of Last Report 04/17/1996			
2. Principal Piace of Business				2a. Mailing Address					4.	FEI Number	······································			pplied For
Suite, Apt #, etc				26						59-3071046				ot Applicable
22				27					5.	Certificate of Status Desired		• -		Additional equired
City & State				City & State					6.	Election Campaign Financing		\$	5.00	May Be
23			28		1					Trust Fund Contribution		A	ded	to Fees
Zip 24	25	Country	29	Zip	30	untry	f		8.	This corporation has liability for Florida Statutes	r intangible		ider s	s. 199.032,
		Address of Current	Regist	tered Agent	1 1		<u> </u>		10.	Name and Address of New F				
	Buck, Debora					81	1	Name						
2402 W CLEVELAND ST TAMPA FL 33809						62	1	Street Addre	ess (P	O. Box Number is Not Accept	able)			
IAM	1F74 FL 33003					83	-							
						84	-	City				85	Zip	Code
44 Durougal	to the provisions	of Continue 607 0500	and C	7 4500 Flacida Cont		Ш	L				FL	1 1		
office or r	registered agent,	or both, in the State (of Florid	la. Such change was	utes, the a s authorize	above ad by	e-n / th	amed corpo e corporati	oration on's b	n submits this statement for the locard of directors. I hereby acc	purpose of ept the app	chan- ointm	ging i ent a s	ts registered registered
	am tamihar with, a	nd accept the obliga	tions of	. Section 607.0505, F	Florida Sta	tutes	B.			·				
SIGNATURE	Site aftere, typed or pra-	led name of registered agen	and title	f applicable. (NC	OTE: Repister	ed Ape	enl s	ignature require	d when	reinstating	DATE			
12.		OFFICERS AND	DIREC		13.					ADDITIONS/CHANGES TO OFF		DIRE	CTOF	RS IN 12
THLE	PVD			DELETE	1.1 7	ITLE				· · · · · · · · · · · · · · · · · · ·		Ci	nange	Addition
NAME	Rebuck, Dei				1.21	IAME								
STREET ADDRESS	2402 W CLEV	ÆLAND ST			1.3 5	TREET	ADI	DRESS						
CITY-ST-ZIP	TAMPA FL				1.4 (ITY-S	T- Z	IP						
THILE	STC			☐ DELETE	2.11	ITLE						Ci	nange	☐ Addition
NAME	REBUCK, DE				2.21	iame								
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CITY ST-ZIF	TAMPA FL				2.4	CITY-S	ST - 2	P.						
THIE	M DEBLICK DE	DODAU V		☐ DELETE	3.1 1							☐ C	ange	☐ Addition
NAME	REBUCK, DEI					IAME								
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NAME				L. DELETE	4.1 7			1				∐ Cł	iange	Addition
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CITY-ST-ZIP						TREET								
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NAME				occert	5.2 1							''	· w IÃΩ	ויין איין איין
STREET ADDRESS						irine Tréet :	6 Dr	NDECC						
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TITLE				DELETE	5.4 C		1-2					□ CH	ange	Addition
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STREET ADDRESS				•		TREET	ADF	IRESS						
CHTY-S1-ZHP						ITY-SI		1						
14 Lda barak		- Company			V 7 V		٠ د ا	<u> </u>						

I do 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 12 or Block 12 or or an attachment with an address.

SIGNATURE: