


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90026 045 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S88307					
1. Corporation Name MAXIMUM PHARMACEUTICAL SERVICES, INC.					
Principal Place of Business 10800 NW 17TH AVE MIAMI FL 33167 US			Mailing Address 10800 NW 17TH AVE MIAMI FL 33167 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/21/1991	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0296935	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		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 GAITER, FRANCES W 10800 NW 17 AVE MIAMI FL 33167-1022			10. Name and Address of New Registered Agent		
			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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	WHITE, WILLARD THOMAS				
STREET ADDRESS	10800 NW 17 AVE.				
CITY-ST-ZIP	MIAMI FL				
TITLE	P <input type="checkbox"/> DELETE				
NAME	WHITE, WAYNE THOMAS				
STREET ADDRESS	1100 NW 17TH AVE				
CITY-ST-ZIP	MIAMI FL				
TITLE	V <input type="checkbox"/> DELETE				
NAME	WHITE, PAUL THOMAS				
STREET ADDRESS	7911 NW 190 TERR.				
CITY-ST-ZIP	MIAMI LAKES FL				
TITLE	S <input type="checkbox"/> DELETE				
NAME	GAITER, FRANCES W				
STREET ADDRESS	10800 N.W. 17 AV				
CITY-ST-ZIP	MIAMI FL				
TITLE	T <input type="checkbox"/> DELETE				
NAME	GAITER, FRANCES W.				
STREET ADDRESS	10800 NW 17 AVE.				
CITY-ST-ZIP	MIAMI FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS 11001 N.W. 17th AVE					
2.4 CITY-ST-ZIP MIAMI, FL. 33167					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS 10800 N.W. 17th AVE					
3.4 CITY-ST-ZIP MIAMI, FL. 33167					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
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					

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.

SIGNATURE: Frances W. Gaiter **FRANCES W. GAITER** 01/04/99 (305) 685-6795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Phone #

CR2E034 (4/1/98)