FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

'95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V02241 (0)

1. Corporation Name
THE MAX GROUP, INC.

Principal Place of Business	Mailing Address
611 DRUID RD. STE 703 CLEARWATER FL 34616-3939 US	611 DRUID RD. STE 703 CLEARWATER FL 34616-3939 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1991
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business 21
2a. Mailing Address 26

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27

City & State 23
City & State 28

Zip 24 Country 25
Zip 29 Country 30

4. FEI Number: 59-3104413 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~ROSS, JEREMY P.~~
~~220 SOUTH FRANKLIN ST.~~
~~TAMPA FL 33602~~

10. Name and Address of New Registered Agent

81 Name: Marshall G. Reissman RA.
82 Street Address (P.O. Box Number is Not Acceptable): ~~PO Box 251~~ 550 North Reo St
83: Suite 111
84 City: Tampa FL 85 Zip Code: 33609

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: Marshall G. Reissman MARSHALL G. REISSMAN 5/8/95
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	President (P)(D) ☒ Change ☐ Addition
NAME	LOONEY, JOSEPH M., JR	12 NAME	Norris, Karl
STREET ADDRESS	611 DRUID RD, STE 703	13 STREET ADDRESS	611 Druid Rd Ste 703
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	Clearwater FL 34616
TITLE	SD	21 TITLE	Vice President (V)(CT)(D) ☒ Change ☐ Addition
NAME	LOONEY, CONSTANCE M.	22 NAME	Watson, Charlotte
STREET ADDRESS	611 DRUID RD, STE 703	23 STREET ADDRESS	611 Druid Rd Ste 703
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	Clearwater FL 34616
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	BRACK, ALLAN R.	32 NAME	Delete
STREET ADDRESS	GOTZENMUHLWEG 66	33 STREET ADDRESS	
CITY-ST-ZIP	6380 BAD HOMBURG, WG	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Charlotte Watson Charlotte Watson 1/30/95 813/298-8686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0586010 CP