

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

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J47115					
1. Corporation Name OMNIMAX, INC.					
Principal Place of Business % LEONARD PEPPER 310 W. JEFFERSON STREET TALLAHASSEE FL 32301			Mailing Address % LEONARD PEPPER 310 W. JEFFERSON STREET TALLAHASSEE FL 32301		
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip		28 Zip		29 Country	
24 Country		25		30	
9. Name and Address of Current Registered Agent					
PEPPER, LEONARD 310 W. JEFFERSON STREET TALLAHASSEE FL 32301					
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					
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					
11 TITLE					
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE					
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE					
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE					
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE					
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE					
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					

FILED
Jan 20 1999 8:00 am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	
12/15/1986	
4. FEI Number	Applied For
59-2751604	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 owes the current year Intangible Personal Property Tax	
[] Yes [] No	
10. Name and Address of New Registered Agent	

SIGNATURE

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	☐ DELETE
NAME	PEPPER, LEONARD	
STREET ADDRESS	310 WEST JEFFERSON STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VSD	☐ DELETE
NAME	PEPPER, JEFFREY W.	
STREET ADDRESS	310 WEST JEFFERSON STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VTD	☐ DELETE
NAME	PEPPER, MICHAEL T	
STREET ADDRESS	1529 E. INDIANHEAD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	AS	☐ DELETE
NAME	TAYLOR, JUDITH H	
STREET ADDRESS	3305 WOODY WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

1/19/99

850-224-2141

Day

Daytime Phone #

CR2E034 (11/98)