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Jun 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **P96000023215 (2)**

1. Corporation Name
JULMAX I, INC.

a/c 12/24/97

[redacted]

Principal Place of Business
120 HYDE PARK PLACE
SUITE 100
TAMPA FL 33606

Mailing Address
120 HYDE PARK PLACE
SUITE 100
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1996

4. FEI Number: 59-3368927 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 1200 W. Platt Street
Suite, Apt #, etc
22 100
City & State
23 Tpa Fl.
Zip
24 33606
25 Country USA

2a. Mailing Address
26 20 Walnut St
Suite, Apt #, etc.
27 318
City & State
28 Wellesley MA
Zip
29 02181
30 Country USA

9. Name and Address of Current Registered Agent
HENTHORNE, A. KEITH
120 HYDE PARK PLACE
TAMPA FL 33606

10. Name and Address of New Registered Agent
81 Name: Fred Mills
82 Street Address (P.O. Box Number is Not Acceptable): 1200 W Platt St Suite 100
83
84 City: Tampa FL
85 Zip Code: 33606

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] — 4-30-98
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	DPS	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HENTHORNE, A. KEITH		1.2 NAME	
STREET ADDRESS	120 HYDE PARK PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	DPS ☒ Change ☐ Addition
NAME	EHRMAN, MARK		2.2 NAME	Ehrman, Mark
STREET ADDRESS	120 HYDE PARK PLACE		2.3 STREET ADDRESS	55 Windsor Rd.
CITY-ST-ZIP	TAMPA FL 33606		2.4 CITY-ST-ZIP	Waban, MA 02168
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	LS 6.29
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	500002570475
STREET ADDRESS			6.3 STREET ADDRESS	-06/30/98--01071--041
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

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.