

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 760163 (6)

1. Corporation Name
MINIMAX, INC.

Principal Place of Business

4132 HENIARD DR
TALLAHASSEE FL 32303

Mailing Address

4132 HENIARD DR
TALLAHASSEE FL 32303



3. Date Incorporated or Qualified
09/23/1981

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 718 SW 67 Terrace

26 5601 NW 29 Terrace

4. FEI Number
59-2237416

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State

27 City & State

23 Gainesville Florida

28 Gainesville FL

24 Zip Country

29 32653 30 Alachua

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEWART, EDWIN P
4132 HENIARD DR
TALLAHASSEE FL 32303

81 Name Al Delaparte
82 Street Address (P.O. Box Number is Not Acceptable)
8613 SW 1 Avenue
83
84 City Gainesville FL 85 Zip Code 32607

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VD	STEWART, EDWIN P.	4132 HENIARD DR.	TALLAHASSEE FL	<input type="checkbox"/>
PD	DELAPARTE, AL	8613 S.W. 1ST AVE	GAINESVILLE FL	<input type="checkbox"/>
TD	SCHUMAN, WERNER	RT. 3. BOX 56 B	HAWTHORNE FL 32640	<input type="checkbox"/>
SD	STEWART, LUCILLE	4132 HENIARD DRIVE	TALLAHASSEE FL 32303	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)