

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

**FILED**  
**Feb 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 851138 (8)**  
 1. Corporation Name  
**KOLMAX, INC.**

Principal Place of Business <b>14589 EAGLE RIDGE DR. S.E.                  FORT MYERS FL 33912</b>	Mailing Address <b>14589 EAGLE RIDGE DR. S.E.                  FORT MYERS FL 33912</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a.</b> Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		<b>3.</b> Date Incorporated or Qualified <b>11/30/1981</b>	
<b>4.</b> FEI Number <b>59-2143301</b>		Applied For <input type="checkbox"/> Not Applicable		<b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>MADDOX, WILLIAM E</b> <b>14589 EAGLE RIDGE DR SW</b> <b>FT MYERS FL 33912</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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**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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD QUINN JR, FREDERICK 1056 NORTH TOWN & RIVER RD. FT MYERS FL 33919	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD MADDOX, WILLIAM E 14589 EAGLE RIDGE DR SW FT MYERS FL 33912	1.2 NAME	
STREET ADDRESS	PD KOLB, RICHARD H 14811 LAGUNA DR. - A401 FT. MYERS FL 33908	1.3 STREET ADDRESS	
CITY-ST-ZIP	S FISCHER, MICHAEL B 203 N. LASALLE STREET CHICAGO IL 60601	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE: *Richard H. Kolb, PRES* 2-6-98 941-768-0615

CFR2E034 (10/97)