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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # F98000002645

VERMAX, INC.

Mailing Address

2a. Mailing Address

City & State

26

27

BOX 65568 1 LAKE CITY UT 84165-0568

Principal Place of Business

Suite, Apt. #, etc.

City & State

.ipel Piaco of Business

PO BOX 65568

SALT LAKE CITY UT 84165-0568

Suite, Apt. #, etc.

FILED May 30, 2000 8:00 am Secretary of State

05-30-2000 90103 031 ***150.00

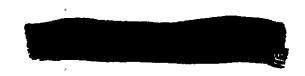
Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

05/11/1998 4. FEI Number

59-2689402

	277 7	28				Trust Fund Contribu	ition	Added	to Fees
	Country	Zip		Country		8. This corporation ow	es the current year	Intangible	
	25	29	30			Personal Property 1	ax.	Yes	No
	9. Name and Address of Curren	t Registered Agent				10. Name and Addres	s of New Register	ed Agent	
	DA 1577 118 4			81	Name				
	RNER, JIM			82	Street Addr	ess (P.O. Box Number is N	lot Acceptable)		· .
	S. ORANGE AVE						,		
SAI	RASOTA FL 34230	-		83		and the second of the second of			-
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¥		••		: °*	City	,	. F	85 Zip	Code
e or	t to the provisions of Sections 507.050/ registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change ions of, Section 607.05	e was authoriz 505, Florida St	ed by tatutes.	he corporation	on's board of directors. I he	reby accept the ap	pointment as re	registered .
	Signature, typed or printed name of registered agen OFFICERS AN		(NOTE: Registe		avGustrate redinte	d when reinstating) ADDITIONS/CHANG	DATE		100 IN 12
	1			TILE	T	ADDITIONS/CITATIO	ES TO OFFICERS	Change	☐ Additio
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	ACCIONANCE DE DI	יפכיסול הייי						Change	
	SEMCHUCK, BEN R			NAME			*		
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	WATKINS, GLEN			NAME					
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• -	SALT LAKE CITY UT 84119	∑ 0El		CITY-ST	-ZIP			Channe	- Address
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	MATHERS, KRISTINA			2 NAME	1				
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٠	SALT LAKE CITY UT 84119	<u> </u>		CITY-ST	ZIP				F 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	Secretary,	□ DEL	7 -	mue.	. .		• • • • • • • • • • • • • • • • • • • •	Change	Additi
	Terry W. Ash		M. T	NAME		**		•	
#4 <u>.</u> :3	455 W 3265				ADDRESS		*		•
	Solt-Lake Uh			CITY-ST	ZIP)
	Dueston,	, DEI		TILE		•	•	Change	Additi
	David Lindsey	1 ~		NAME		•			
•				CTDCCT	Accorde I				
	1 100 00	55 24119	6.3	STREET	AURESS	"			

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 endress, with all other like empowered.

4 - 21 - 00

CNATURE:

The Cast

3-25-99

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