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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

ARMAX, INC.

FILED Mar 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
3750A HACIENDA BLVD FT LAUDERDALE FL 33314	3750A HACIENDA BLVD FT LAUDERDALE FL 33314	3750A HACIENDA BLVD			
TO CHOCKETE DOU'T	TT ENDOLIDALE TE GOOT	•		DO NOT WRITE IN	THIS SPACE
				 Date Incorporated or Qualified 06/28/1990 	
2. Principal Place of Business	2s. Mailing Address			4. FEI Number	Applied For
21	26			65-0220923	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	27			C. Commodic of Classes Desired	Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip Country	[28]	0		Trust Fund Contribution	
Zip Country 25	Zip	Country		8. This corporation owes or has paid the	
g, Name and Address of		30		Personal Property Tax due June 30. 10. Name and Address of New Regist	K Kyes No
MOSCHELL, WILLIAM E.		81	Namo		
19 WEST FLAGLER ST			Ot	(0.0.0.1)	
1209 BISCAYNE BLDG.		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33130		63			
		84	City		leel 75 Call
		ł	•		FL 85 Zip Code
11. Pursuant to the provisions of Sections 6	07.0502 and 607.1508, Florida Statutes	s, the above	named corp	poration submits this statement for the purp	ose of changing its registered
agent. I am familiar with, and accept the	obligations of, Section 607.0505, Flor	ida Statutes	ine corporat i.	tion's board of directors. I hereby accept the	e appointment as registered
SIGNATURE Signature, typed or product received to get	2021	·			
	HS AND DIRECTORS	13.	ni signatura requi	red when reinstating) E ADDITIONS/CHANGES TO OFFICERS	ATE S AND DIRECTORS IN 12
TITLE STD	DELETE	1.1 TITLE	T	7.5577-67.540-77.762-76-76-77.762-76	☐ Change ☐ Addition
NAME HEDIN, JEAN, M		1.2 NAME			
STREET ADDRESS 3725 S OCEAN DR APT	806	1.3 STREET	ADDRESS		
CITY-ST-ZIP HOLLYWOOD FL		1.4 CITY-S			
TITLE	DELETE	2 1 TITLE			☐ Change ☐ Addition
NAME		2.2 NAME	İ		
STREET ADDRESS		23 STREET	ADDRESS		•
CITY-ST-ZIP		2 4 CITY-S	T-ZIP		
TITLE	☐ DELETE	3 1 TITLE			☐ Change ☐ Addition
NAME		32 NAME			
STREET ADDRESS		3.3 STREET	ADDRESS		ļ
CITY-ST-ZIP		3.4. CITY - S	T-ZIP		
TITLE	DELETE	4.1 TITLE			Change Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET	ADDRESS		
City-SI-ZIP	- · · · · · · · · · · · · · · · · · · ·	4.4 City - St	r- ZIP		
TITLE	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET	ADDRESS		į
CITY - ST - ZIP		5.4 CITY - \$1	r- ZIP		
TITLE	☐ DELETE	6.1 TITLE	1		Change Addition
NAME		6.2 NAME			
STREET ADDRESS		63 STREET	ADDRESS		
CITY-SI-ZIP	* · · · · · · · · · · · · · · · · · · ·	6 4 CITY-\$1	-ZIP		
14. I hereby certify that the information supp	flied with this filing does not qualify for	the exempt	ion stated in	Section 119.07(3)(i), Florida Statutes. I furth	er certify that the information

al report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an fusion of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an indicress. officer or director of the corporation or the receive Block 12 or Block 13 if changed, or on an attack

SIGNATURE:

Jean M. Hedin

3/11/98