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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000040726 (0)**

1. Corporation Name:
ALTIMAX INCORPORATED

Principal Place of Business	Mailing Address
6094 FALL RIVER DR NEW PORT RICHEY FL 34655	6094 FALL RIVER DR NEW PORT RICHEY FL 34655

3. Date Incorporated or Qualified: 06/01/1993	3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-3184455	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 7600 Massachusetts Ave.	26 P.O. Box 98
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: New Port Richey FL	28 City & State: New Port Richey FL
24 Zip: 34653 25 County: Pasco	29 Zip: 34656 30 Country: Pasco

9. Name and Address of Current Registered Agent

STEWART, PATRICIA
6911 SR 54
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name: Pat Jones
82 Street Address (P.O. Box Number is Not Acceptable): 4743 US 19
83 Community Plaza
84 City: New Port Richey FL 85 Zip Code: 34652

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: Patricia Jones (Signature of Registered Agent required when changing) DATE: 1/24/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD TEASDALE, MALCOLM A 6094 FALL RIVER DR NEW PORT RICHEY FL 34655	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE: VP 2.2 NAME: Patricia M. Stewart 2.3 STREET ADDRESS: 7600 Massachusetts Ave. 2.4 CITY-ST-ZIP: New Port Richey FL 34653 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP — ☐ Change ☐ Addition

CR2E034 (12/95)

14. I declare that the information supplied with this filing is voluntarily furnished and 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: _____ 2-19-96 813-846-7221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #