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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000063094 (4)

ADMAX ADVERTISING, INC.

FILED May 13 1997 8:00am Secretary of State

Principal Place of Business Mailing Address									9 B 1	
9951 ATLANTIC B	LVD		156 BLUE RIDGE DE	R						
SUITE 450	90000		JITE 104-A 2	****						
JACKSONVILLE FL 32225 US		JACKSONVILLE FL 32246-0600 US					3. Date Incorporated or Qualified	3a Do	ite of Last Re	oport
"		•					08/26/1994	ł	/01/1996	· 1
2. Principal Place	of Business	2a.	Mailing Address				4. FEI Numbor	199		plied For
21		26	· ·				59-3265152		<u> </u>	t Applicable
Suite, Apt. #, etc.		Suite Apt # etc					5. Certificate of Status Desired		\$8.75	Additional
22					5. Conflicate of States Desired		Fee Re	quired		
City & State		F1	City & State				6. Election Campaign Financing	-	\$5.00	
23	0	28	2	1			Trust Fund Contribution		Added 1	
Zip	Country		Ζιρ	—¬	ountry		8. This corporation has liability for Florida Statutes	r intangible Yes		199.032,
24 9.	25 Name and Address of Curren	29 t Registe	ered Agent	30			10. Name and Address of New R			
	y, Jesse		-		81	Name				
1856 E				82	Ctroot Ado	fress (P.O. Box Number is Not Accepta	hleY			
	ONVILLE FL 32246				62	SHOUL AUC	iress (F.O. Box Number is Not Accepts	.010)		
					83					
1					84	City			85 Zip (Code
				_		′	·	FL	.	
11. Pursuant to the	e provisions of Sections 607.050	2 and 60	7.1508, Florida Sta	atutes, the	above above	e named cor	poration submits this statement for the ation's board of directors. Thereby accepts	purpose of	changing it	s registered registered
agent. I am fai	miliar with, and accept the obliga	ations of,	Section 607.0505,	, Florida S	lalute	3.		Av the chile		
SIGNATURE			<u></u>							
Signa 12.	ture, typed or printed name of registered ago OFFICERS AN				ered Age 	ent signature requ	ired when registaling) ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR	RS IN 12
TOLE)	D DI 11. O	DELETE		TITLE				Change	Addition
	MCKAY, JESSE			. 1.	2 NAME					
STREET ADDRESS	1856 BLUE RIDGE DRIVE			1.	3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			1/	4 CHY-S	ST - ZIP				
TITLE			DELFTE	2	1 TITLE				☐ Change	Addition
NAME				2	2 NAME					
STREET ADDRESS				2	a struet	ADDRESS				
CITY-ST-ZIP			- D Street		4 CHY-	S1 - 71P			T Character	NAMES OF
TITLE			L DELETE		11111.6				Change	Addition
NAME					2 NAME					
STREET ADDRESS				_ B -		ADDRESS				
CITY-ST-ZIP TITLE			DELETE		4 CITY - 1 TITLE	51-71			Change	Addition
NAME					2 NAME					
STREET ADDRESS						LADORESS				
CITY-ST-ZIP					4 CITY - S					
TITLE			DELFTE		1 THLE				Change	Addition
NAME				5	2 NAME					
STREET ADDRESS				5	3 STRLE	1 ADDRESS				
CITY-ST-ZIP				5	4 CITY- :	S1 - Z (P		****	<u></u>	
TITLE			DELETE	6	111111				Change	Addition
NAME				6	2 NAME	İ				
STREET ADORESS				6	3 STREE	1 ADDRESS				
CITY-ST-ZIP				6	4 CITY-	ST-ZIP				

14. I do 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.