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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000034567 (4)

JYMAX DEVELOPERS, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						At Acres areit 120t fhat		
5148 NW 2		5148 NW 29 COURT						
MARGATE I	FL 33063	MARGATE FL 33063	MARGATE FL 33063		DO NOT WRITE IN THIS SPACE			
)					3. Date Incorporated or Qualified			
					04/27/1995			
2. Principal Pl	lace of Business	2a. Mailing Address			4, FEI Number	Applied For		
21 26		26			65-0576512	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt. #, etc.			3.75 Additional		
22 27		27			8. Certificate of Status Desired	Fee Required		
City & State	City & State City &		rty & State		6. Election Campaign Financing	5.00 May Be		
23	28					Added to Fees		
Zip	Country	Z _{ip}	Zip Country		8. This corporation owes or has paid the current y			
24	9 Name and Address of Curre		10		Personal Property Tax due June 30. Yes			
		10. Name and Address of New Registered Agen						
TRIPODI, MASSIMO			8	Name				
	148 NW 29 COURT		8:	82 Street Address (P.O. Box Number is Not Acceptable)				
MARGATE FL 33063			8:	;				
				1				
			84	City	FL 85	Zip Code		
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								
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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRI	ECTORS IN 12		
TITLE	D	DELETE	LETE 1.1 TITLE			hange Addition		
NAME	TRIPODI, MASSIMO		1.2 NAME			;		
STREET ADDRESS			1.3 STREET ADDRESS			Į:		
CITY-ST-ZIP	DANIA FL 33004		1.4 CITY	ST-ZIP				
TITLE	D	DELETE 2.11				hange		
NAME	REINHARD, JAMES		2.2 NAME					
STREET ADDRESS	5148 NW 29 COURT		2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP		4.10%		
TOTLE	· · · · · · · · · · · · · · · · · · ·		3.1 TITLE			hange 🔲 Addition		
NAME			3.2 NAME			[
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP				-SI-ZIP		hange Addition		
TITLE			4.1 TITLE	.	□ c	Harrida TT Monthon		
NAME CONTRACTOR			4. 2 NAM	- 1				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- 5.1 TITLE	51-ZIP		hange Addition		
i		L price	5.1 HILE 5.2 NAME	ł	LJ •	TANGINION L		
NAME OTDEET ADDRESS				T ADDRESS		ì		
STREET ADDRESS								
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - 6.1 TITLE	31-ZIP		hange Addition		
NAME		Per Perent	62 NAME					
STREET ADDRESS				T ADDRESS				
			6.4 CITY-	i		Ī		
CITY-S1-ZIP	pertify that the information supplied y	with this filing does not qualify for			d in Section 119.07(3)(i). Florida Statutes, I further certify the	nat the information		

1. 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 1 further certify that the informatio indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 further certify that I am an officer or director of the corporation in the receiver or trusted experienced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, for in an attachment with a address.

SIGNATURE:

fusion

MOSSIMO TRIPOD

(4)

425-36

954-968, 5712