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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000034567 1. Corporation Name

JYMAX DEVELOPERS, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90258 049 ***150.00

2		9 4 - 115 A - 1	- 1 (DESIGN) (SO 1808) BINS BRISH OBSIN ROLL BRISH CITIES OF THE BUSH CORN CORN				
Principal Place		Mailing Address			1		
5148 NW 29 CO	· · · · · · · · · · · · · · · · · ·	5148 NW 29 COURT			1		
MARGATE FL 3	3063	MARGATE FL 33063			DO NOT WRITE IN THIS	SPACE	
[3 Date Incorporated or Qualifed		**
	•			1	04/27/1995		
2. Principal P	Place of Business	2a. Mailing Address		uh .	4. FEI Number	A	pplied For
21	The state of the s	2a. Mailing Address 26 5674 - Ν. ω	. 122	TERR.	- 65-0576512	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee R	equired
City & Stat	le	City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28 CORAL SPRING			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Int	angible	
24	25	29 33 <i>0</i> 76 30	σ	. ه. ک.	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
	ODI, MASSIMO		82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	3 NW 29 COURT		02	Street Address	as (t o. box Halliber is Not Noceptable)		
j ma r	IGATE FL 33063		83	3			
		The second secon	84	l City		85 Zip	Code
			1	1	FL	. ` `	
office or r agent. I a	egistered agent, or both, in the Sta	2502 and 607.1506, Florida Statules, alte of Florida. Such change was auth ligations of, Section 607.0505, Florida	orized by	/ the corporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoi	ntment as re	egistered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Rev	gistered Age	ent signature required s	when reinstating) DATE	<u>-</u>	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	TRIPODI, MASSIMO		1.2 NAME	1			
STREET ADDRESS	1302 SE 2ND AVENUE		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	DANIA EL GOGGA		1.4 CITY-1	ST-ZiP			
TITLE			2.1 TITLE			☐ Change	Addition
NAME .	REINHARD, JAMES		2.2 NAME			*	
STREET ADDRESS	CALLO ANAL AND COLUMN		2.3 STREE	ET ADDRESS	·	- '	
CITY-ST-ZIP	MARGATE FL 33063		2.4 CITY-	ST-ZIP			
TITLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME	[
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE	<u> </u>	☐ DELETE	4.1 TITLE	5,-ZIF		Change	Addition
NAME		<u></u>	4. 2 NAME	.)		_ ,	-
STREET ADDRESS				ET ADDRESS			
	·		i .				
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CITY-S 5.1 TITLE	51-ZIP		Change	Addition
TITLE	•	- orreit	5.1 TITLE 5.2 NAME				
NAME				ET ADDRESS			_
STREET ADDRESS		i	ľ	t t			•
CITY-ST-ZIP		T DOLLTO	5.4 CITY-S 6.1 TITLE	31-ZIP		Change	Addition
TITLE		☐ DELETE			,	∟] Ciłalige	☐ Muddooll
NAME	*		6.2 NAME	{			
STREET ADDRESS				TADORESS			
CITY-ST-ZIP	1		6.4 CITY-5	ST-ZIP			

14. 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. I further certify that the information indicated on this annual report of supplemental annual report of 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 true) we empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes, for on an attachment yity an aggress, with all other like empowered.

SIGNATURE:

MASSIMO TRIPODI

Daytime Phone #