

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 # **P95000055847**
1. Corporation Name **UNIMAX INC**
D.B. ECLECTIC ARTS

FILED
97 AUG 13 AM 8:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
254 9th STREET WEST PALM BEACH
FL 33401

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 **254 9th STREET**
22 City & State 27 **WEST PALM BEACH**
23 Zip 28 **FL 33401**
24 Country 29 **FL 33401** 30 **PALM BEACH**

3. Date Incorporated or Qualified **JULY 17 1995** 3a. Date of Last Report **7/2/96 & 4/30/97**
4. FEI Number **65-060-0997** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RICHARD SEGUSO
254 9th STREET
W P B FL 33401

10. Name and Address of New Registered Agent

81 Name **LILIANA MATIC SEGUSO**
82 Street Address (P.O. Box Number is Not Acceptable) **254 9th STREET**
83
84 City **WEST PALM BEACH** FL 85 Zip Code **33401**

11. Pursuant to the provisions of Sections 607.0500 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 *Liliana Matic Seguso*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	LILIANA M. SEGUSO
STREET ADDRESS	PRESIDENT
CITY-ST-ZIP	254 9th STREET WPB FL
TITLE	<input type="checkbox"/> DELETE
NAME	CHRIS MATIC
STREET ADDRESS	SECRETARY
CITY-ST-ZIP	254 9th STREET WPB FL
TITLE	<input type="checkbox"/> DELETE
NAME	BILL OWENS
STREET ADDRESS	VICE PRESIDENT
CITY-ST-ZIP	901 5th ST WPB FL
TITLE	<input type="checkbox"/> DELETE
NAME	ALEX HOLMES
STREET ADDRESS	DIRECTOR
CITY-ST-ZIP	609 DOUGLAS AVE WPB
TITLE	<input type="checkbox"/> DELETE
NAME	MAGGIE HOLMES
STREET ADDRESS	DIRECTOR
CITY-ST-ZIP	609 DOUGLAS AVE WPB
TITLE	<input type="checkbox"/> DELETE
NAME	MIRA PAYLOVIC
STREET ADDRESS	CHAIRMAN
CITY-ST-ZIP	254 9th ST WPB FL 33401

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PICK SEGUSO
1.3 STREET ADDRESS	TREASURER
1.4 CITY-ST-ZIP	254 9th STREET WPB FL 33401
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	0000002268900
2.3 STREET ADDRESS	-08/15/97--01112--008
2.4 CITY-ST-ZIP	****173.75 ****195.05
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(f), 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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Liliana Matic Seguso JULY 28/97 561 659 200X

Date

Daytime Phone #

CR2E034 (9/96)

②

IMPORANT NOTE

PLEASE INCLUDE WITH OUR
ANNUAL REPORT / CERTIFICATE OF
STATUS THE CHECK FROM APRIL 30 '97
THAT YOU DID NOT PROCESS

THANKS

L. L. Lugo

UNIMAX, INC.
254 9TH STREET
WEST PALM BEACH, FL 33401

Request taken by: aalan
07-21-1997

The forms you recently requested from this office are:

- (1) 201. Cor Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

NOTE

REFERENCE TO: FILING ON APRIL 30 '97 AND CHECK
OF \$ 165.00 ISSUED TO DEPARTMENT OF STATE BY UNIMAX INC.
WHEN WE DID NOT RECEIVED THE CANCELED CHECK FROM OUR
BANK - GREAT WESTERN BANK, THEY INFORMED US TO
REQUEST FROM YOUR OFFICE THE REASON. IT SEEMS THAT
ORIGINAL ANNUAL REPORT PACKET HAD: 10340 COURTSIDE LANE
STE C BOCA RATON FL 33428 AS THE ADDRESS, BUT BECAUSE
WE MOVED TO: 254 9TH STREET WEST PALM BEACH FL 33401
WE CORRECTED THE ADDRESS ON THE SAME ANNUAL REPORT DATED
APRIL 30 1997. TO OUR UNDERSTANDING THIS NEW FORM (201)
WILL CONFIRMED THE SAME WITH ADDITIONAL CHANGES THAT
WE VOTED IN MEANTIME; YOU WILL FIND ENCLOSED ANOTHER