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

FILED
Jun 29 1998 8:00am
Secretary of State

DOCUMENT # **P96000023193 (1)**

N/C 12/24/97

[redacted]

1. Corporation Name

JolMax II, Inc

Principal Place of Business
~~120 HYDE PARK PLACE~~
~~SUITE 100~~
~~TAMPA FL 33606~~

Mailing Address
~~120 HYDE PARK PLACE~~
~~SUITE 100~~
~~TAMPA FL 33606~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1996

4. FEI Number: 59-3368924 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 1200 W. Platt Street
Suite, Apt. #, etc. 22 100
City & State 23 Tampa, FL.
Zip 24 33606 Country 25 USA

2a. Mailing Address
26 20 Walnut St
Suite, Apt. #, etc. 27 318
City & State 28 Wellesley MA
Zip 29 02181 Country 30 USA

9. Name and Address of Current Registered Agent
HENTHORNE, A. KEITH
120 HYDE PARK PLACE
SUITE 100
TAMPA FL 33606

10. Name and Address of New Registered Agent
81 Name: Fred Mills
82 Street Address (P.O. Box Number is Not Acceptable): 1200 W Platt St Suite 100
83
84 City: Tampa FL 85 Zip Code: 33606

11. Pursuant to the provisions of Section 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 hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] (Signature - Type or print name of signer on the line above to the right. Registered Agent signature required when reinstating) DATE: 4-30-98

12. OFFICERS AND DIRECTORS

TITLE	DPS	☒ DELETE
NAME	HENTHORNE, A. KEITH	
STREET ADDRESS	120 HYDE PARK PLACE, SUITE 100	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	☐ DELETE
NAME	EHRMAN, MARK	
STREET ADDRESS	120 HYDE PARK PLACE, SUITE 100	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DPS	☒ Change ☐ Addition
2.2 NAME	Ehrman, Mark	
2.3 STREET ADDRESS	55 Windsor Rd	
2.4 CITY-ST-ZIP	Wabag MA 02168	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

LS 6-29

FLORIDA DEPT OF STATE
06/30/98 --01071--042
***150.00

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 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 or otherwise 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 is entered in Block 11 if an addition.

SIGNATURE: [signature] NAME: [illegible]

CR2E034 (10/97)