

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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000069277 (7)**

1. Corporation Name
JAPAX, INC.

Principal Place of Business
**8 SOUTHERN CROSS CIRCLE
SUITE 205
BOYNTON BEACH FL 33486**

Mailing Address
**8 SOUTHERN CROSS CIRCLE
SUITE 205
BOYNTON BEACH FL 33486**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/14/1996

4. FEI Number
85-0695778

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 **123 N. Congress Ave. #377**
Suite, Apt. #, etc.
22 **#377**
City & State
23 **BOYNTON BEACH, FL.**
Zip
24 **33426** Country
25 **USA**

2a. Mailing Address
26 **123 N. Congress Ave. #377**
Suite, Apt. #, etc.
27 **#377**
City & State
28 **BOYNTON BEACH, FL.**
Zip
29 **33426** Country
30 **USA**

9. Name and Address of Current Registered Agent

**SMITH, JAMES PAXTON
8 SOUTHERN CROSS CIRCLE
SUITE 205
BOYNTON BEACH FL 33486**

10. Name and Address of New Registered Agent

81 Name **SMITH, JAMES PAXTON**
82 Street Address (P.O. Box Number is Not Acceptable)
123 N. Congress Ave
83 **#377**
84 City **BOYNTON BEACH** FL 85 Zip Code **33426**

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

James P. Smith

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-3-98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, JAMES PAXTON	
STREET ADDRESS	8 SOUTHERN CROSS CIRCLE, SUITE 205	
CITY-ST-ZIP	BOYNTON BEACH FL 33486	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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.

SIGNATURE *James P. Smith*

3-3-98

CR2E034 (10/97)