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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000069277 1. Corporation Name

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90025 008 ***150.00

JAPAX, INC.									
	14-W- Add) :80 19
Principal Place of Business	Mailing Address								
123 N CONGRESS AVE SUITE 377	123 N CONGRESS AVE SUITE	377							
SUITE 205 BOYNTON BEACH FL 33426	SUITE 205 BOYNTON BEACH FL 33426					DO NOT W	RITE IN THI	S SPACE	
US SOURCE SOURCE	US			3.	Date Incorp	orated or Qualife	d		
					08/14/19	96			
2. Principal Place of Business	2a. Mailing Address			4.	FEI Number		- 10	Δ /	Applied For
21 123 N CONERESS AVE	26 123 N. CONGRES	es Alvie	ī		~85 -06957	78 65	-0695	178 1	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				•	Status Desired			Additional
22 # ガファ	27 #377			5.	, Certificate of	Status Desired	<u> </u>	Fee l	Required
_City & State	_ City & State			6.	:Election Car	npaign Financin	g·	· \$5.0	0 May Be
23 BOYLYON BEACH FL	28 BOYLIDA BIREN				Trust Fund	Contribution		Adde	d to Fees
Zip Country	Zip	Country		8.	This corpora	ation owes the co	ırrent year lı		
24 33 Ha. 4 25 US	29 33476 30	<i>ر</i> ب ا	•	l	Personal Pr			Ves	□No
9. Name and Address of Current I	Registered Agent			10.	. Name and	Address of Nev	/ Registered	1 Agent	
CHITH MANTO DAVION		81	Name						
SMITH, JAMES PAXTON		82	Street	Address (F	P.O. Box Num	ber is Not Acce	ptable)		
123 N CONGRESS AVE									
SUITE 377		83							
BOYNTON BEACH FL 33426		84	City					85 Zi	p Code
							F	_	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	Florida, Such change was autho	onzea by i	e-named the come	corporation oration's b	on submits this	ors. I hereby acc	ept the app	pintment as	registered
agent. I am familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes.				o, o, , , , , , , , , , , , , , , , , ,			
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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, at on an attachment with an agdress, with all other like empowered.

SIGNATURE: