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

Mailing Address 10056 GANDY BLVD

ST. PETERSBURG FL 33702

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000012816

MAD MAX, INC.

Principal Place of Business

ST. PETERSBURG FL 33702

10056 GANDY BLVD

3. Date Incorporated or Qualifed 02/07/1997 Mailing Address Applied For 4,_FEI-Number 2. Principal Place of Business same ame 59-3428681 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible □No 29 30 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CASTELLANO, NELSON T Street Address (P.O. Box Number is Not Acceptable) 82 2700 BARNETT PLAZA 101 E. KENNEDY BLVD 83 **TAMPA FL 33602** Zip Code 84 City 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change ☐ Addition 1.1 TITLE TITLE RUBINO, TAMMARA 1.2 NAME NAME 10056 GANDY BLVD 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33702 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition [] Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE [] Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 61TIDE ☐ Change ☐ Addition TITLE 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: <

NAME

STREET ADDRESS

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, with all other like empowered.

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90287 019 ***150.00

DO NOT WRITE IN THIS SPACE

Daytime Phone #

(11/98)CR2E034