PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000079633 1. Corporation Name

AMAX PLASMA WEST, INC.

Principal Place of Business 177 U.S. HWY. 1. STE. 285

Mailing Address

177 U.S. HWY. 1, STE. 285

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90118 004 ***150.00



TEQUESTA FL 33469		TEQUESTA FL 33469				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						09/15/1998			
	Place of Business	2a. Mailing Address				4. FEI Number	<u> </u>		lied For
Suite, Apt.	# etc	Suite, Apt. #, etc.				opprede	60		Applicable
22	n, eic.	27				5. Certifcate of Status Desired		ee Red	dditional tuired
City & Stat	e	City & State				6. Election Campaign Financing	\$5	.00	May Be
23		28				Trust Fund Contribution		ided to	
Zip	Country Zip			itry		8. This corporation owes the current year In			_
24	25		30			Personal Property Tax.	☐ Ye	S i	□No
	9. Name and Address of Curren	t Registered Agent		04		10. Name and Address of New Registered	Agent		
CT CORPORATION SYSTEM				81	Name				
1200 S. PINE ISLAND RD.			ļ.	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		-	
	NTATION FL 33324			83					
			ļ.	84	City		las	Zin C	-do
			[54	City	FL	85	Zip C	oge
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the ab	ove-	named corpo	oration submits this statement for the purpose of	changi	ng its r	egistered
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	or Fiorida. Such change was au tions of, Section 607.0505, Flori	itnorizea ida Statut	Dy τι tes.	ne corporatio	on's board of directors. I hereby accept the appoint	ntment	as reg	sterea
SIGNATURE									
12.	Signature, typed or printed name of registered ager	D DIRECTORS (NOTE:	Registered A	gent	signature required	ADDITIONS/CHANGES TO OFFICERS AN	ID DID	CTO	26 IN 12
TITLE	D	□ DELETE	1.1 TITL	F		ADDITIONS/CHANGES TO OFFICERS A	□ Ch		☐ Addition
NAME	RUSSO, JOSEPH		1,2 NAM					ogc	
STREET ADDRESS	177 U.S. HWY. 1, STE. 285		ı		ADDRESS				}
Į.	TEQUESTA FL 33469				!				1
CITY-ST-ZIP TITLE	D	☐ DELETE	1.4 CITY 2.1 TITL		-212		□Ch	ange	Addition
NAME	FERREN. JUNE				ĺ				
STREET ADDRESS	177 U.S. HWY. 1, STE. 285		2.2 NAW		ADDRESS				{
CITY-ST-ZIP	TEQUESTA FL 33469		2.4 CITY-ST-ZIP		-				
TITLE	DELETE			E	*ZIF		Ch	ange	Addition
NAME			3.2 NAM				_	-	_
STREET ADDRESS					ADDRESS				}
CITY-ST-ZIP			3.4. CM		1]
TITLE		DELETE	4.1 TITU		=		☐ Ch	ange	Addition
NAME			4. 2 NAN					_	
STREET ADDRESS					ADDRESS				}
CITY-ST-ZIP			4.4 CITY						
TITLE		☐ DELETE	5.1 TITL			·	☐ Ch	ange	Addition
NAME			5.2 NAM	ΙE					
STREET ADDRESS			53 STR	A TBB	ADDRESS				
CITY-ST-ZIP			5.4 CITY	-ST-	ZIP				ĺ
TITLE		☐ DELETE	6.1 TITLE	E			Cha	ange	Addition
NAME			6.2 NAM	E					
STREET ADDRESS			6.3 STR	EET A	ADDRESS				
CITY-ST-ZIP			6.4 CITY	- ST-2	ZIP				
	autific that the information according a cuit	h this films does not mustiful four		- 41 -					

recept 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 affectment with an address, with all other like empowered.

SIGNATURE: