PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000088486

1. Corporation Name

IENTARAMAY ENTERPRISES INC

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90116 049 ***150.00

| 02(1), | NIMAX ENTERFRISES, INC. | | | | | | |
|--|---|---|--|------------------------|--|------------------------------------|------------------------------------|
| Principal Place | e of Business | Mailing Address | | | | 1 84181 18181 1911 1 81 | ##: IBII4 #11? 18#1 |
| 5353 DARBY W | | 5353 DARBY WAY | | | | | |
| JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 | | | | | DO NOT WRITE IN | THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed 10/15/1998 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | i | $\overline{\Omega}$ | 4. FEI Number | | Applied For |
| 21 103C | O Southside Blvd | 26 10300 SOUTH Suite, Apt. #, etc. | rside | Glid | 59-3537072 | | Not Applicable Additional |
| Suite, Apt. | #, etc. = 12 | 27 # 12 | | | 5. Certifcate of Status Desired | Fee | Required |
| City & State | KSONVILLE FL | City & State | 118, 1 | -L | 6. Election Campaign Financing Trust Fund Contribution | | May Be d to Fees |
| Zip | Country | | Country | | 8. This corporation owes the current ye | ar Intangible | |
| 24 30 | | 29 30000 30 | | | Personal Property Tax. | Yes | □No |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Regist | ered Agent | |
| 5.5 | DV THOMAS | | 81 Na | ame | | | - |
| BARRY, THOMAS | | | 82 St | reet Addres | ress (P.O. Box Number is Not Acceptable) | | |
| - | B DARBY WAY | | | | - | | |
| JACI | KSONVILLE FL 32257 | | 83 | | | | |
| | | | 84 Ci | ty | | FL 85 Zi | p Code |
| 11 Pursuant | to the provisions of Sections 607.0502 | and 607.1508. Florida Statutes, ti | he above-na | med corpor | ration submits this statement for the purpo | se of changing | its registered |
| | | f Clasida. Cuch change was suited | rized by the i | comoration | n's board of directors. I hereby accept the | appointment as | registered |
| l office or re | egistered agent, or both, in the State of | n Florida, Such Change was autilities | Statutes | borporation | To bound of an obtain the cary market | | l l |
| office or re agent. I a | egistered agent, or both, in the State of m familiar with, and accept the obligation | ons of, Section 607.0505, Florida | Statutes. | o por a don | , | | |
| l office or re | m familiar with, and accept the obligati | ons of, Section 607.0505, Florida | Statutes. | | | TE | |
| office or re agent. I a | egistered agent, or both, in the State of m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND | and title if applicable. (NOTE: Regin | Statutes. | | | TE RS AND DIREC | TORS IN 12 |
| office or re agent. I as | m familiar with, and accept the obligate | ons of, Section 607.0505, Florida and title if applicable. (NOTE: Reginal DIRECTORS | Statutes. | ature required | when reinstating) DA | TE | TORS IN 12 |
| office or reagent. I as SIGNATURE | m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND | ons of, Section 607.0505, Florida : and title if applicable. (NOTE: Regil D DIRECTORS | istered Agent sign | ature required | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | TE RS AND DIREC | TORS IN 12 |
| office or reagent. I as SIGNATURE 12. | m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND D | ons of, Section 607.0505, Florida : and title if applicable. (NOTE: Regi D DIRECTORS | istered Agent sign 13. 1.1 TITLE | Df | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | TE RS AND DIREC | TORS IN 12 |
| office or ragent. I as SIGNATURE 12. TITLE NAME | signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS | ons of, Section 607.0505, Florida : and title if applicable. (NOTE: Regi D DIRECTORS | istered Agent sign 13. 1.1 TITLE 1.2 NAME | Df | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | RS AND DIRECT | TORS IN 12 e Addition |
| office or nagent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS 5353 DARBY WAY | ons of, Section 607.0505, Florida : and title if applicable. (NOTE: Regi | istered Agent sign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI | Df | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | TE RS AND DIREC | TORS IN 12 e Addition |
| office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS 5353 DARBY WAY | ons of, Section 607.0505, Florida and title if applicable. (NOTE: Region DIRECTORS DELETE | istered Agent sign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP | Df | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | RS AND DIRECT | TORS IN 12 e Addition |
| office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS 5353 DARBY WAY | ons of, Section 607.0505, Florida and title if applicable. (NOTE: Regin DIRECTORS DELETE | Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE | ature required of | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | RS AND DIRECT | TORS IN 12 e Addition |
| office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS 5353 DARBY WAY | ons of, Section 607.0505, Florida and title if applicable (NOTE: Regi D DIRECTORS DELETE | istered Agent sign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME | RESS RESS | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | RS AND DIRECT Chang | TORS IN 12 le Addition le Addition |
| office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME **STREET ADDRESS | Signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS 5353 DARBY WAY | and title if applicable. (NOTE: Regin DIRECTORS DELETE DELETE | Istatutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 2.4 CITY-ST-ZIP 3.1 TITLE | RESS RESS | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | RS AND DIRECT | TORS IN 12 le Addition le Addition |
| office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME "STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | Signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS 5353 DARBY WAY | and title if applicable. (NOTE: Regin DIRECTORS DELETE DELETE | ISTATUTES. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME | ature required TOP | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | RS AND DIRECT Chang | TORS IN 12 le Addition le Addition |
| office or ragent. I all SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE | Signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS 5353 DARBY WAY | ons of, Section 607.0505, Florida and title if applicable. (NOTE: Regi D DIRECTORS DELETE DELETE | Istatutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDI | ature required to RESS | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | RS AND DIRECT Chang | TORS IN 12 le Addition le Addition |
| office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS 5353 DARBY WAY | and title if applicable. (NOTE: Regin DELETE | Istatutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDI 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP | ature required to RESS | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | Chang | TORS IN 12 e Addition e Addition |
| office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS 5353 DARBY WAY | and title if applicable. (NOTE: Regin DELETE | Istatutes. Istatutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 3.1 TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDI 3.4 CITY-ST-ZIP 4.1 TITLE | ature required to RESS | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | RS AND DIRECT Chang | TORS IN 12 e Addition e Addition |
| office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS 5353 DARBY WAY | ons of, Section 607.0505, Florida and title if applicable. (NOTE: Regi D DIRECTORS DELETE DELETE DELETE | Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 3.1 TITLE 3.2 NAME 3.3 STREET ADDI 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME | ature required to RESS | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | Chang | TORS IN 12 e Addition e Addition |
| office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE | Signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS 5353 DARBY WAY | ons of, Section 607.0505, Florida and title if applicable. (NOTE: Regi D DIRECTORS DELETE DELETE DELETE | Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDI 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDI 4.3 STREET ADDI 4.4 STREET ADDI 4.5 | ature required to RESS | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | Chang | TORS IN 12 e Addition e Addition |
| office of ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS 5353 DARBY WAY | ons of, Section 607.0505, Florida and title if applicable. (NOTE: Regi D DIRECTORS DELETE DELETE DELETE | Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDI 4.1 TITLE 4.2 NAME 4.3 STREET ADDI 4.4 CITY-ST-ZIP 4.3 STREET ADDI 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP 4.5 NAME 4.5 STREET ADDI 4.4 CITY-ST-ZIP 4.5 NAME 4.5 STREET ADDI 4.4 CITY-ST-ZIP 4.5 NAME 4.5 STREET ADDI 4.4 CITY-ST-ZIP | ature required to RESS | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | Chang | TORS IN 12 e |
| office or ragent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS 5353 DARBY WAY | ons of, Section 607.0505, Florida and title if applicable. (NOTE: Regi D DIRECTORS DELETE DELETE DELETE DELETE | Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 3.1 TITLE 3.2 NAME 3.3 STREET ADDI 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDI 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE | ature required to RESS | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | Chang | TORS IN 12 e |
| office of ragent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS 5353 DARBY WAY | ons of, Section 607.0505, Florida and title if applicable. (NOTE: Regi DIRECTORS DELETE DELETE DELETE DELETE | Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDI 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDI 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | RESS RESS | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | Chang | TORS IN 12 e |
| office or ragent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS 5353 DARBY WAY | ons of, Section 607.0505, Florida and title if applicable. (NOTE: Regi DIRECTORS DELETE DELETE DELETE DELETE | STATUTES. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDI 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDI 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDI | RESS RESS | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | Chang | TORS IN 12 e |
| office of ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS 5353 DARBY WAY JACKSONVILLE FL 32257 | ons of, Section 607.0505, Florida and title if applicable. (NOTE: Regi D DELETE DELETE DELETE DELETE | STATUTES. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDI 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDI 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADD 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 STREET ADD 5.5 CITY-ST-ZIP 5.5 STREET ADD 5.6 CITY-ST-ZIP | RESS RESS | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | Chang | TORS IN 12 e |
| Office or ragent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS 5353 DARBY WAY JACKSONVILLE FL 32257 | ons of, Section 607.0505, Florida and title if applicable. (NOTE: Regi D DELETE DELETE DELETE DELETE DELETE DELETE | Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 3.1 TITLE 3.2 NAME 3.3 STREET ADDI 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDI 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDI 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE | RESS RESS | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | Chang | TORS IN 12 e |
| Office or ragent. I all signature 12. Title Name Street address City-St-Zip Title Street Address City-Street Address City-Street City-Street Address City-Street City-Stre | Signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS 5353 DARBY WAY JACKSONVILLE FL 32257 | ONS Of, Section 607.0505, Florida and title if applicable (NOTE: Regi D DELETE DELETE DELETE DELETE DELETE | STATUTES. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDI 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDI 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADD 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME | RESS RESS RESS | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | Chang | TORS IN 12 e |
| office or ragent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed or printed name of registered agent OFFICERS AND D BARRY, THOMAS 5353 DARBY WAY JACKSONVILLE FL 32257 | ons of, Section 607.0505, Florida and title if applicable (NOTE: Regi D DELETE DELETE DELETE DELETE DELETE | Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 3.1 TITLE 3.2 NAME 3.3 STREET ADDI 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDI 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDI 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE | RESS RESS RESS | when reinstating) DA ADDITIONS/CHANGES TO OFFICE | Chang | TORS IN 12 e |

CITY-ST-ZIP 14. Hereby certify that the information stuppled 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 of the receiver of 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 changes, or on an attackment with an address, with all other like empowered.

SIGNATURE