

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morawik
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 PM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P27372** (2)
1. Corporation Name
AFAX, INC.

Principal Place of Business Mailing Address
**6750 W 93RD ST
110
OVERLAND PARK KS 66212
US** **10075 BENSON DRIVE #340
110
OVERLAND PARK KS 66212
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/19/1989** 3a. Date of Last Report **05/01/1984**
4. FEI Number **48-1056927** 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 has liability for intangible tax under S. 199.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **26 6750 W 93RD ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27 110**
City & State City & State
23 **28 OVERLAND PARK KS**
Zip Country Zip Country
24 **25 66212 29 66212 30 USA**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Registration, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAEMMER, ROBERT R.	1.2 NAME	
STREET ADDRESS	6750 W 93RD ST 110	1.3 STREET ADDRESS	
CITY - ST - ZIP	OVERLAND PARK KS	1.4 CITY - ST - ZIP	
TITLE	TO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP CHARLES R JR.	2.2 NAME	
STREET ADDRESS	6750 W 93RD 110	2.3 STREET ADDRESS	
CITY - ST - ZIP	OVERLAND PARK KS	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, JANET M.	3.2 NAME	
STREET ADDRESS	6750 W 93RD ST 110	3.3 STREET ADDRESS	
CITY - ST - ZIP	OVERLAND PARK KS	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALFORD, RICHARD K.	4.2 NAME	
STREET ADDRESS	9810 W. 99TH PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	OVERLAND PARK KS	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *R.R. Kaemmer* **4/21/95** **913-341-8888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month Year)