

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra E. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUL -3 AM 8:47

DOCUMENT # P93000038448 (5)

1. Corporation Name
AXE ANTIQUES, INC.

Principal Place of Business
200 US #1 SUITE 130 JUNO BEACH FL 33408 US

Mailing Address
182 SPYGLASS LANE JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/28/1993** 3a. Date of Last Report **07/26/1994**

21. Principal Place of Business 12800 U.S. 1	24. Mailing Address 12800 U.S. 1
22. State, Apt. #, etc. FL 130	27. City & State Juno Beach, FL
23. City & State Juno Beach, FL	28. City & State Juno Beach, FL
24. Zip 33408	30. County Palm Beach

4. FEI Number 65-0415486	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Finance Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for statements for calendar 1/1/95 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**AXELROD, ROBERT M
 200 SOUTH U.S. HIGHWAY ONE
 SUITE 130
 JUNO BEACH FL 33408**

(Change of Address only)

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable) 12800 U.S. 1
83. City
84. State 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 _____

12. OFFICERS AND DIRECTORS	
TITLE D	AXELROD, ROBERT M 182 SPYGLASS LANE JUPITER FL 33458
TITLE	
TITLE	
TITLE	
TITLE	
TITLE	
TITLE	
TITLE	
TITLE	

13. ADDITIONAL OFFICERS AND DIRECTORS	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME Director Rebecca C Axelrod	
23. STREET ADDRESS 182 Spyglass Lane	
24. CITY, ST, ZIP Jupiter, FL 33408	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 110 07(3)(b), 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 affidavit with an address.

SIGNATURE: Robert M Axelrod **ROBERT M AXELROD** 6/27/95 407-625-4293
 SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date (Date Here)

CR2E034 (3/95)