

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

**FILED**

**Apr 29 1998 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P93000038448 (5)**

1. Corporation Name  
**AXE ANTIQUES, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>12800 U.S. 1<br>SUITE 130<br>JUNO BEACH FL 33408<br>US | Mailing Address<br>12800 US 1<br>SUITE 130<br>JUNO BEACH FL 33408<br>US |
|---|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/28/1993**

|   |   |
|---|---|
| 2. Principal Place of Business<br>21 <b>275 A1T. A1A</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 <b>275 AH. A1A</b><br>Suite, Apt. #, etc. |
| 22 City & State<br>23 <b>Jupiter FL</b>   | 27 City & State<br>28 <b>Jupiter FL</b>                             |
| 24 Zip <b>33458</b> 25 Country <b>US</b>  | 29 Zip <b>33458</b> 30 Country <b>US</b>                            |

4. FEI Number **65-0415486** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**AXELROD, ROBERT M**  
**12800 US 1**  
**SUITE 130**  
**JUNO BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**275 A1T. A1A**  
 83  
 84 City **Jupiter** FL 85 Zip Code **33458**

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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>AXELROD, ROBERT N</b>                 |
| STREET ADDRESS | <b>182 SPYGLASS LANE</b>                 |
| CITY-ST-ZIP    | <b>JUPITER FL 33458</b>                  |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>AXELROD, REBECCA C.</b>               |
| STREET ADDRESS | <b>182 SPOYGLASS LANE</b>                |
| CITY-ST-ZIP    | <b>JUPITER FL</b>                        |
| TITLE          | <input type="checkbox"/> DELETE          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>Axelrod, Robert M.</b>   |
| 1.3 STREET ADDRESS | <b>102 N. Village Way</b>   |
| 1.4 CITY-ST-ZIP    | <b>Jupiter FL 33458</b>   |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |
| 2.2 NAME           | <b>Axelrod, Rebecca C.</b>  |
| 2.3 STREET ADDRESS | <b>102 N. Village Way</b>   |
| 2.4 CITY-ST-ZIP    | <b>Jupiter FL 33458</b>   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 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.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)