


05-01-2003 90828 019 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P93000038448**

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




Principal Place of Business 275 ALT A1A SUITE 130 JUPITER, FL 33477 US	Mailing Address 275 ALT A1A SUITE 130 JUPITER, FL 33477 US
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2. Principal Place of Business <b>208 N. US Hwy One</b> Suite, Apt. #, etc. <b>Unit 4</b>	3. Mailing Address <b>208 N. US Hwy One</b> Suite, Apt. #, etc. <b>Unit 4</b>
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City & State <b>Tequesta FL</b>	City & State <b>Tequesta FL</b>
Zip <b>33469</b>	Country <b>USA</b>

00110081



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0415486</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: *Robert M. Axelrod*  
**ROBERT M. AXELROD**

DATE: **April 28, 03**

(NOTE: Registered Agent's signature required when reinstating)

<p><b>FILE NOW!!! FEE IS \$150.00</b>                  After May 1, 2003 Fee will be \$550.00                  Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing                  Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b></p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	NAME <b>AXELROD, ROBERT M</b>	TITLE	NAME
	STREET ADDRESS <b>18117 SE LAUREL LEAF LN</b>		STREET ADDRESS
	CITY-ST-ZIP <b>TEQUESTA, FL 33469</b>		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	NAME <b>AXELROD, REBECCA C</b>	TITLE	NAME
	STREET ADDRESS <b>18117 SE LAUREL LEAF LN</b>		STREET ADDRESS
	CITY-ST-ZIP <b>TEQUESTA, FL 33469</b>		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert M. Axelrod*  
**ROBERT M. AXELROD**

DATE: **April 28, 03**      DAYTIME PHONE #: **561-743-7888**

CR2E034 (10/02)