

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000057516 (5)
1. Corporation Name

AXOLOTL INC.



Principal Place of Business: 1507 E 7TH AVE TAMPA FL 33605 US
Mailing Address: 1507 E 7TH AVE TAMPA FL 33605 US

3. Date Incorporated or Qualified: 08/16/1993
3a. Date of Last Report: 01/30/1995
4. FEI Number: 59-3202803
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
21. Suite, Apt #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
VAUGHN, LAVINIA JAMES F
ONE HARBOR PLACE
7TH FLOOR
TAMPA FL 33602

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: _____ (OFFICE Registered Agent's signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PVPS	<input type="checkbox"/> DELETE
NAME	TUBB, MICHAEL	
STREET ADDRESS	606 S DAKOTA	
CITY-ST-ZIP	TAMPA FL	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TUBBS, MICHAEL	
13 STREET ADDRESS	15916 DOVER CLIFF	
14 CITY-ST-ZIP	LUTZ, FL 33549	
21 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MARKS, JAN	
23 STREET ADDRESS	2301 TOWERVTRAIL	
24 CITY-ST-ZIP	LUTZ, FL 33549	
31 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	WHITESCARVER, STEVEN	
33 STREET ADDRESS	15916 DOVER CLIFF	
34 CITY-ST-ZIP	LUTZ, FL 33549	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael E. Tubbs 7-29-96 (813)247-4225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing #

CR2E034 (3/96)