

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

FILED

**May 08 1997 8:00am
Secretary of State**

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 33605-3703 US |
|--|---|

| | |
|---|---|
| 3. Date Incorporated or Qualified 08/16/1993 | 3a. Date of Last Report 08/05/1996 |
| 4. FEI Number 59-3202803 | Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |
| 25. 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 **JAN M. MARKS**
 82 Street Address (P.O. Box Number is Not Acceptable)
1507 E. 7TH AVE.
 83
 84 City **TAMPA** FL 85 Zip Code **33605**

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: *Jan M. Marks* DATE: **4-30-97**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PVP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TUBBS, MICHAEL | 1.2 NAME | |
| STREET ADDRESS | 15918 DOVER CLIFF | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | LUTZ FL 33549 | 1.4 CITY - ST - ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARKS, JAN | 2.2 NAME | |
| STREET ADDRESS | 2301 TOWERY TRAIL | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | LUTZ FL 33549 | 2.4 CITY - ST - ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITESCARVER, STEVEN | 3.2 NAME | |
| STREET ADDRESS | 15918 DOVER CLIFF | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | LUTZ FL 33549 | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 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: *Michael E. Imbler* DATE: **4-30-97** (813) 247-4225

CR2E034 (9/96)