FILE NOW: FILING FEE AFTER MAY 1 IS \$550 00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morth

Secretary of Stat DIVISION OF CORPORATIONS

DOCUMENT # S68736 (5) AXIOM SERVICES, INC.									•				
Principal Place of Business					Mailing Address								
2139 NE COAC CLEARWATER I US	HMAN RD. S			21	39 NE COACHMAN RD. EARWATER FL 34625-2		3						
											3. Date Incorporated or Qualified 3a. Date of Last Report 07/17/1991 03/28/1996		
2. Principal Place of Business					2a. Mailing Address						4. FEI Number Applied For		
Suite, Apt #, etc.					Suite, Apt. #, etc.			-			59-3082969 Not Applicable		
22	n, ow.	27	27						5. Certificate of Status Desired				
City & Stat	£!		City & State						6. Election Campaign Financing \$5.00 May Be				
23					28 Zip Co						Trust Fund Contribution Added to Fees		
Ζιρ [Country			29	Zip			ntry 8.			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24		25 and .	Address of Curren		tered Agent	30				1	Florida Statutes Yes UNo 10. Name and Address of New Registered Agent		
PALI	MER, STEV	E				•		81	Name				
			N RD, STE 3					82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
CLE	ARWATER	FL 34	625						0,1001	7400.00	55 (1.70. Box Hamber is 1404 Accoptable)		
								83					
								84	Crty		FL 85 Zip Code		
11, Pursuant	to the provis	ions c	Sections 607.0502	and 6	07.1508, Florida Statu	ıtes. t	he	XOVE	e-named	Corpor			
office or r	registered ag ım familiar wi	jent, c ith an	r both, in the State diacent the obline	of Flori	07.1508, Florida Statu da. Such change was f, Section 607.0505. F	authorida	oriz Si	d by	the corp	poration	ration submits this statement for the purpose of changing its registered of s board of directors. I hereby accept the appointment as registered		
SIGNATURE			- and and provided the same of		,, 000.00., 00., 00000, 1			Oige					
···	Stgrinter, typed	or brea	no name of registered ages	· · · · · · · · · · · · · · · · · · ·			d Ape	nt signature	e required	d when reinstating) DATE			
12. Title	D		OFFICERS AND) DIRE	DELETE		13				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME		MALL	DAVID		E precie	1	12	TLE			L. Change L. Abonion		
STREET ADDRESS	GREENBAUM, DAVID 2139 NE COACHMAN RD, STE				II .				ADDRESS				
City-St-Zil	CLEARW/			•				HTY-ST-ZIP					
TITLE	D				☐ DELETE	1	-	TLE		<u> </u>	Change Addition		
NAME	PALMER,						2 2 i,	ME					
STREET ADDRESS	2139 NE COACHMAN RD, STE				,			2.3 STREET ADDRESS					
CITY-S1-ZIP	CLEARW	ATER	FL					~~~	ST-ZIP I				
TITLE	Don	7	11		☐ DELETE			TLE		B	ck Dewitt 139 NE Canch man Rd, Ste 3 learwater, FL Change Addition		
NAME STREET ADDRESS	2139	1)C	witt coachma	n P	1.5403		3.2		ADDRESS	Ž	139 NE Canch man Rd, Ste 3		
CITY-S1-ZIP	Ckar	MG MG	ter FL	. [ハー・レン	ı			T ZIP	CA	learwater, FL		
TITLE					DELETE	7		TLE	<u> </u>	 _ '	☐ Change ☐ Addition		
NAME							4. h	AME					
STREET ADDRESS	•					ı	4.3 S	TAEET	address				
CH'r - ST - Zif*									T-ZIP	ļ			
TITLE					DELETE	ı		TLE			Li Change Li Addition		
NAME CTUELT ADDOCOC	1					1	-	AME					
STREET ADDRESS						ſ			ADDRESS		,		
CITY - S1 - ZIP TITLE			·	·····	DELETE			TY-S TLE	T-ZIP		Change Addition		
NAME							1	AME			treet		
STREET ADDRESS									ADDRESS				
CHY-ST-ZIP							Б		T-21P	<u> </u>			
14, I do here:	by certify that in indicated a	t the i	nformation supplied	with th	nis filing does not qua	lify for	ne	exe	mption s	stated in	in Section 119.07(3)(i), Florida Statutes. I further certify that the		
I am an o	flicer or direc	lor o	the corporation or	the rec	piver or trustee empo-	werec	î b	Xec	ute this	report a	ny signature shall have the same legal effect as if made under oath; the as required by Chapter 607, Florida Statutes; and that my name		

SIGNATURE:

appears in Block 12 or Block 1

ittachment with an address

20 Feb 97

813-442-7774

FILED

Feb 28 1997 8:00am

Secretary of State