

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

FILED
Feb 28 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 # S68736 (5)
1. Corporation Name
AXIOM SERVICES, INC.



Principal Place of Business: 2139 NE COACHMAN RD. STE 3 CLEARWATER FL 34625 US
Mailing Address: 2139 NE COACHMAN RD. STE 3 CLEARWATER FL 34625-2616 US

3. Date Incorporated or Qualified: 07/17/1991
3a. Date of Last Report: 03/28/1996
4. FEI Number: 59-3082969
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 (21-24)
2a. Mailing Address (26-30)

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

9. Name and Address of Current Registered Agent
PALMER, STEVE
2139 NE COACHMAN RD, STE 3
CLEARWATER FL 34625

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: D
NAME: GREENBAUM, DAVID
STREET ADDRESS: 2139 NE COACHMAN RD, STE 3
CITY - ST - ZIP: CLEARWATER FL
2. TITLE: D
NAME: PALMER, STEVE
STREET ADDRESS: 2139 NE COACHMAN RD, STE 3
CITY - ST - ZIP: CLEARWATER FL
3. TITLE: D
NAME: Rick Dewitt
STREET ADDRESS: 2139 NE Coachman Rd, Ste 3
CITY - ST - ZIP: Clearwater FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
2. TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
3. TITLE: Change Addition
NAME: Brock Dewitt
STREET ADDRESS: 2139 NE Coachman Rd, Ste 3
CITY - ST - ZIP: Clearwater, FL

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 in an attachment with an address.

SIGNATURE: X [Signature] STEVE PALMER 20 Feb 97 813-442-7774

CR2E034 (9/96)