

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # S68736 (5)

1. Corporation Name
AXIOM SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

~~2139 NE COACHMAN RD. STE 3 CLEARWATER FL 34626~~
 US
 1805 Drew Street Clearwater, FL 33765

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 US
 1805 Drew Street Clearwater, FL 33765

3. Date Incorporated or Qualified
07/17/1991

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 **1805 Drew Street**
 Suite, Apt. #, etc.

22 **Clearwater, FL**
 City & State

23 **33765** **USA**
 Zip Country

24 **33765** **USA**
 Zip Country

25 **USA** **USA**
 Country Country

26 **1805 Drew Street**
 Suite, Apt. #, etc.

27 **Clearwater, FL**
 City & State

28 **33765** **USA**
 Zip Country

29 **33765** **USA**
 Zip Country

30 **USA** **USA**
 Country Country

9. Name and Address of Current Registered Agent

PALMER, STEVE
2139 NE COACHMAN RD. STE 3
CLEARWATER FL 34626
1805 Drew Street
Clearwater, FL 33765

10. Name and Address of New Registered Agent

81 Name **Steve Palmer**

82 Street Address (P.O. Box Number is Not Acceptable)
1805 Drew Street

83 **1**

84 City **Clearwater** **FL** 85 Zip Code **33765**

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 for 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 *Steve Palmer* **STEVE PALMER** **13 APR 98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	GREENBAUM, DAVID
STREET ADDRESS	2139 NE COACHMAN RD. STE 3 1805 Drew Street
CITY-ST-ZIP	CLEARWATER FL Clearwater, FL 33765
TITLE	D <input type="checkbox"/> DELETE
NAME	PALMER, STEVE
STREET ADDRESS	2139 NE COACHMAN RD. STE 3 1805 Drew Street
CITY-ST-ZIP	CLEARWATER FL 33765
TITLE	D <input type="checkbox"/> DELETE
NAME	RICK DEWITT
STREET ADDRESS	2139 NE COACHMAN RD. STE 3 1805 Drew Street
CITY-ST-ZIP	CLEARWATER FL 33765
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	C/O/P David Greenbaum
1.3 STREET ADDRESS	1805 Drew Street
1.4 CITY-ST-ZIP	Clearwater FL 33765
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D/T Steve Palmer
2.3 STREET ADDRESS	1805 Drew Street
2.4 CITY-ST-ZIP	Clearwater FL 33765
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rick DeWitt
3.3 STREET ADDRESS	1805 Drew Street
3.4 CITY-ST-ZIP	Clearwater FL 33765
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S Peter Glickman
4.3 STREET ADDRESS	1805 Drew Street
4.4 CITY-ST-ZIP	Clearwater FL 33765
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Peter Glickman* **13 April, 1998 813-442-7774**

CR2E034 (10/97)