


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

FILED
Jul 02 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 # 267041 (2)					
1. Corporation Name COLPAX INC					

Principal Place of Business		Mailing Address	
JOHN FRANKLIN PAXTON 1400 N W 33RD DRIVE POMPANO BEACH FL 33069-1102 US		JOHN FRANKLIN PAXTON 1400 N W 33RD DRIVE POMPANO BEACH FL 33069-110 US	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/12/1963	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1032316	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PAXTON, MARJORIE C. 1400 N.W. 33RD DR POMPANO BEACH FL 33069		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PAXTON, JOHN FRANKLIN	1.2 NAME	
STREET ADDRESS	1400 N.W. 33RD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 02	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	PAXTON, MARJORIE C	2.2 NAME	
STREET ADDRESS	1400 N.W. 33RD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 02	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	PAXTON, DAVID LEE	3.2 NAME	
STREET ADDRESS	1413 N.W. 33RD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 02	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Marjorie C. Paxton* *July 02 1998*

CR2E034 (10/97)