

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 611952 (3)
 1. Corporation Name
JAXSON CORPORATION



Principal Place of Business: **1950 COURTNEY DRIVE, STE 204 FORT MYERS FL 33901**
 Mailing Address: **1950 COURTNEY DRIVE, STE 204 FORT MYERS FL 33901-9028**

3. Date Incorporated or Qualified: **03/07/1979**
 3a. Date of Last Report: **08/08/1996**
 4. FEI Number: **59-2505737**
 Applied For: Not Applicable
 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 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country
 25
 2a. Mailing Address
 26 Suite, Apt #, etc.
 27 City & State
 28 Zip
 29 Country
 30

9. Name and Address of Current Registered Agent

**LINDMAN, CAROL L.
 1950 COURTNEY DR
 STE. 204
 FORT MYERS FL 33901**

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

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	ST LINDMAN, CAROL L. 1950 COURTNEY DR., #204 FORT MYERS, FL 00000	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDMAN, CAROL L.	1.2 NAME	
STREET ADDRESS	1950 COURTNEY DR., #204	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DP LINDMAN, CAROL L. 1950 COURTNEY DR., #204 FORT MYERS, FL 00000	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDMAN, CAROL L.	2.2 NAME	
STREET ADDRESS	1950 COURTNEY DR., #204	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 00000	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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: _____ DATE: **4-25-97** **941-936-6214**