

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

STATE
FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sanford R. Northing
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

SEP 11 - 1 11:10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004913 (9)

1. Corporation Name

AXIS USA, INC.

Principal Place of Business

**14120 MCCORMICK DRIVE
TAMPA FL 33626**

Mailing Address

**14120 MCCORMICK DRIVE
TAMPA FL 33626**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

09/21/1994

4. FEI Number

Applied For

36-3561208

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE VRIES, ROBERT
14120 MCCORMICK DRIVE
TAMPA FL 33626**

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PCD

NAME

BECHERUCCI, RAFFAELE

STREET ADDRESS

AXIS SPA-50028 TAVERNELLE

CITY-ST-ZIP

VAL DI PESA, FLORENCE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**DAUG HOPPER
18329 Cypress Cove Rd.
LUTZ, Florida 33549**

☐ Change ☒ Addition

TITLE

D

NAME

PEZZANA, FRANCESCO

STREET ADDRESS

AXIS SPA-50028 TAVERNELLE

CITY-ST-ZIP

VAL DI PESA, FLORENCE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

V

NAME

MONACO, MARCO

STREET ADDRESS

AXIS SPA-50028 TAVERNELLE

CITY-ST-ZIP

VAL DI PESA, FLORENCE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

SD

NAME

DE VRIES, ROBERT

STREET ADDRESS

4725 MARINE PKWY

CITY-ST-ZIP

NEW PORT RICHEY FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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

Douglas Hopper 1-13-95 813-855-8771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Area #