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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # F9500000470 (3)

	AX CONSULTANTS, INC.									
Principal Place	of Business	Mailing Address						fili ofili odi		
3141 FAIRVIEW PARK DR. SUITE 850 FALLS CHURCH VA 22042		3141 FAIRVIEW PARK DR. SUITE 850 FALLS CHURCH VA 22042								
					3. Date Incorporated or Qualified 3a. Date of Last Repo			leport		
21	ace of Business	2a. Mailing Address 26				4. FEI Number 54-1235252				Applied For Not Applicabl
Suite, Apt. #		Suite, Apt. #, etc.				5. Certificate of Status Desi	red 1	X		Additional Required
City & State	,	City & State				6. Election Campaign Finan Trust Fund Contribution	cing [-	O May Be d to Fees
Zip 24	Country 25	Zip 29	30	ntry		This corporation has liab Florida Statutes	ility for inta		under s	199.032,
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of	New Reg	istered A	gent	
				81	Name					
CORPOI 1201 HA	RATION SERVICE COMPANY AYS ST.			82	Street Addre	ddress (P.O. Box Number is Not Acceptable)				
	ASSEE FL 32301			83						
				84	City			FL	85 Zi	p Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Stat	utes, the abo	ve na	med cornor	ation authorite this statement for	the purpo	se o' char	nging its i	registered offic
or registere	th, and accept the obligations of, Secti	ida. Such change was autho	rized by the c	corpor	ation's boar	rd of directors. I hereby accept t	ne appoin	tmerit as r	egistered	ragent ram
or registere familiar witi	th, and accept the obligations of, Secti	da. Such change was autho tion 607.0505, Florida Statut	rized by the dies.	xorpor	ation's boar	d of directors. I hereby accept t	ne appoin		egisteret	
or registere familiar witi	ed agent, or both, in the state of Florith, and accept the obligations of, Section Signature, typed or printed name of registered agent OFFICERS ANI	ida. Such change was autho tion 607.0505, Florida Statut t and title il applicable.	rized by the c	xorpor	ation's boar	d of directors. I hereby accept t	ne appoin	DA'T		
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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: _

MULLIUM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-56 (JoB) 307-0600 Date Dayling Proce #