

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F97000006280 (8)**
1. Corporation Name

AXSYS NETWORK INTERNATIONAL, INC.

Principal Place of Business

**621 NW 53RD STREET, SUITE 135
BOCA RATON FL 33487**

Mailing Address

**621 NW 53RD STREET, SUITE 135
BOCA RATON FL 33487**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

88-0369315

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$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

9. Name and Address of Current Registered Agent

**MAGGIO, DOMINICK F
621 NW 53RD ST., SUITE 135
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PC** ☐ DELETE

NAME **REISER, ADAM M**
STREET ADDRESS **2776 NE 5TH AVENUE**
CITY-STATE-ZIP **BOCA RATON FL 33434**

TITLE **SVOT** ☐ DELETE

NAME **MAGGIO, DOMINICK F**
STREET ADDRESS **1351 SW 2ND STREET**
CITY-STATE-ZIP **BOCA RATON FL 33486**

TITLE **D** ☐ DELETE

NAME **STUBBS, NEAL A**
STREET ADDRESS **920 OAKFIELD**
CITY-STATE-ZIP **BRANDON FL 33511**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

900002597753

-07/24/98--01060--025

*****150.00**

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

[Signature]

7-8-98 561.394.8090

CR2E034 (5/98)



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July 6, 1998

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, Florida 32302-1500

This letter is to advise you that we were never in receipt of our first notice. After a phone consultation with a state representative I was informed that we should send in this report with the \$150.00 check and a letter stating that we did not receive the first notice.

Should you have any other questions or concerns, please do not hesitate to call me. I can be reached any business day from 8:30 am to 6:00 pm at 561-962-9500.

Thank you for all you help with this matter.


Gail Cowart
Office Manager