


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

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H30849 (4)
1. Corporation Name
THE PAXEN GROUP, INC.

Principal Place of Business 1800 PENN ST SUITE 10 MELBOURNE FL 32901 US	Mailing Address 1800 PENN ST SUITE 10 MELBOURNE FL 32901 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 11/20/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2495345	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" 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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GENTRY, BARRY L. 1800 PENN STREET SUITE 10 MELBOURNE FL 32901				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

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	DCT	<input type="checkbox"/> DELETE		1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HIGGS, PATRICK			1.2 NAME	Bowden Susan		
STREET ADDRESS	1800 PENN ST SUITE 10			1.3 STREET ADDRESS	1342 Timberlane Rd., #201B		
CITY-ST-ZIP	MELBOURNE FL			1.4 CITY-ST-ZIP	Tallahassee, FL 32312		
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIGGS, PHILIP E.			2.2 NAME			
STREET ADDRESS	1360 MOORE RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	WATERLOO IL			2.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIGGS, NANCY			3.2 NAME			
STREET ADDRESS	1800 PENN ST SUITE 10			3.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL			3.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GENTRY, BARRY			4.2 NAME			
STREET ADDRESS	1800 PENN ST SUITE 10			4.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL			4.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTSAW, KENNETH E			5.2 NAME			
STREET ADDRESS	2488 E. MICHIGAN ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			5.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, SANDY B			6.2 NAME			
STREET ADDRESS	1403 TAFT HWY. SUITE 3			6.3 STREET ADDRESS			
CITY-ST-ZIP	SIGNAL MOUNTAIN TN			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:  REQUIRED

1/9/98 (407) 724-1033

CR2E034 (10/97)