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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

K81635 **DOCUMENT #** 

(0)

SIGNATURE: \_

AAXCEL DATA PRODUCTS, INC.

Principal Place of Business  2855 SAND HILL RD KISSIMMEE FL 34747 US		Mailing Address 2855 SAND HILL RD KISSIMMEE FL 34747 US		3. Date Incorporated or Qualified		
				4. FEI Number	Applied For	
	nce of Business Hwy	2a. Mailing Address 26 SAMC C	_	59-2957460	Not Applicat	
21 /836 Suite, Apt. #	W. IPLO BROWSON	Suite, Apt. #, etc.			S8.75 Additional	
22	*, GC.	27		5. Certificate of Status Desired	Fee Required	
City & State	)	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Ziţi	Country	Zip	Country	8. This corporation has hability for i		
24	25	29	[30]	Florida Statutes Yes  10. Name and Address of New R		
	9. Name and Address of Current	r negisteren Agent	81 Name	10. Home and read on their in	-9:	
CHEN O	SEUBGE K			Idense (D.O. Boy Number in Not Accorded	Jo)	
CHEN, GEORGE K. 2855 SAND HILL RD			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
	MEE FL 34747		83			
THE STATE OF			94		85 Zip Code	
			84 Oity	oration submits this statement for the pur	FL   T	
SIGNATURE .	Signature: typed or printed name of registered agend.  OFFICERS AND	DIRECTORS	OTE: Rogi deren Agent signature redo	ind are remainal ADDITIONS/CHANGES TO OFF		
TITLE	D	☐ DELETE	1. 1 T TUE		Change Addition	
NAME	CHEN, GEORGE K.		1 2 NAME	mean i idem Blow	Science HUND.	
STREET ADDRESS	2855 SAND HILL RD		13 STREET ADDRESS	7836 W. IRLO BRON Kissimwer, FL 34	747	
CITY-ST-ZIP	KISSIMMEE FL	C DELFTE	14 CRY-ST-7IP 2 1 TITLE	KISSIMILE, 1 G ST	Change Addition	
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CITY-ST-ZIP			2 4 CITY - ST - ZIF			
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NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CH V - ST - ZIP			
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STREET ADDRESS			4.3 STREET ADDRESS			
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NAME			5.2 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Additi	
TITLE		Dittere	62 NAME			
NAME						
STREET ADDRESS			6.3 STREET ADORESS			

6.4 CHY - ST-7(P) 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 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental armual report is true and accurate and that my signature shall have the same logal effect as if made under early 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 13 if changed, or on an attachment with an address

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR