

5-13-97 B 7078C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L10598 (5) 1. Corporation Name AXON CIRCUIT, INC.			
Principal Place of Business 424 WARE BLVD TAMPA FL 33619		Mailing Address 424 WARE BLVD TAMPA FL 33619-4422	
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 08/21/1989		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-2293807		Applied For 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			
8. Name and Address of Current Registered Agent SANGHANI JAYAN AXON CIRCUIT INC 424 WARE BLVD TAMPA FL 33619		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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PATEL, CHANDRAKANT	1.2 NAME	
STREET ADDRESS	1905 PRINCETON LAKES DR. #2101	1.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	SANGHANI, JAYAN	2.2 NAME	
STREET ADDRESS	11504 LAKE RIDGE RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	VTD	3.1 TITLE	☐ Change ☐ Addition
NAME	PATEL, SURESH	3.2 NAME	
STREET ADDRESS	309 PROVIDENCE RD, #102	3.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	PATEL, AMRISH	4.2 NAME	
STREET ADDRESS	1052 AXLE WOOD CIR	4.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	
14. I do 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 or on an attachment with an address.			
SIGNATURE: CHANDRAKANT PATEL		4/30/97 (813) 623-5200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)