


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

FILED

May 05 1998 8:00am  
Secretary of State

| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998   |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
|---|--|---|--|
| <b>DOCUMENT # L47897 (8)</b><br>1. Corporation Name<br><b>AXA CORP.</b>   |  |   |  |
| Principal Place of Business<br><b>713 S KIRKMAN RD<br/>ORLANDO FL 32811</b>   |  | Mailing Address<br><b>713 S KIRKMAN RD<br/>ORLANDO FL 32811</b>   |  |
| 2. Principal Place of Business<br>21 <b>8445 INTERNATIONAL DR</b><br>Suite, Apt. #, etc.<br>22 <b>SUITE 167</b><br>City & State<br>23 <b>ORLANDO - FL</b><br>Zip<br>24 <b>32819</b>   |  | 2a. Mailing Address<br>26 <b>8445 INTERNATIONAL DR</b><br>Suite, Apt. #, etc.<br>27 <b>SUITE 167</b><br>City & State<br>28 <b>ORLANDO - FL</b><br>Zip<br>29 <b>32819</b>  |  |
| 9. Name and Address of Current Registered Agent<br><b>GULLAN, SILVIA M.<br/>8403 RAMBLING RIVER DRIVE<br/>SANFORD FL 32771</b>  |  | 10. Name and Address of New Registered Agent<br>81 Name <b>VERDUN, GUILLERMO</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>115 PRIMROSE DRIVE</b><br>83<br>84 City <b>LONGWOOD</b> FL 85 Zip Code <b>32779</b> |  |
| 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, 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.<br>SIGNATURE <b>VERDUN GUILLERMO - PRESIDENT.</b> DATE <b>4/20/98</b><br>(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) |  |   |  |
| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>P</b><br><b>GULLAN, SILVIA M.</b><br><b>8403 RAMBLING RIVER DR</b><br><b>SANFORD FL</b><br><input checked="" type="checkbox"/> DELETE | 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>V</b><br><b>VERDUN, GUILLERMO</b><br><b>21 AVE IN LAC</b><br><b>CRESPIENES, FRANCE</b><br><input type="checkbox"/> DELETE             | 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY - ST - ZIP  | <b>PRESIDENT</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>115 PRIMROSE DR</b><br><b>ORLANDO - FL - 32779</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> DELETE  | 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY - ST - ZIP  | <b>VICE-PRESIDENT</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>GLINART, MATEO</b><br><b>610 ARVERN DR</b><br><b>ALTA MONTE SPRINGS - FL - 32701</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> DELETE  | 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> DELETE  | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> DELETE  | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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 its 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 change of name or address is an attachment with an address.                            |  |   |  |
| SIGNATURE: <b>VERDUN GUILLERMO</b>  |  | <b>4/20/98 407-345-1445</b>   |  |



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/07/1990**

4. FEI Number

**59-3080538**

Applied For  
Not Apply

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

CR2E034 (10/97)