

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L67700

(9)

1. Corporation Name

DAXA, INC.

Principal Place of Business

**4000 S. BABCOCK ST.
MELBOURNE FL 32901**

Mailing Address

**4000 S. BABCOCK ST.
MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/23/1990

3a. Date of Last Report
03/18/1994

4. FEI Number
59-3008070

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**PATEL, N.G.
4000 S. BABCOCK ST.
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

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 of the professional of registered agent and the corporation

Signature of Registered Agent (signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
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CITY ST ZIP
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TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**DR
PATEL, N G
414 PINETREE DR.
INDIALANTIC FL
VS
Patel, Dax A
389 Lanternback Island Dr.
Satellite Bch, FL 32937**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
15 TITLE
16 NAME
17 STREET ADDRESS
18 CITY ST ZIP
19 TITLE
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58 CITY ST ZIP
59 TITLE
60 NAME
61 STREET ADDRESS
62 CITY ST ZIP

☐ Change ☐ Addition
**389 Lanternback Island Dr.
Satellite Bch, FL 32937**
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exceptions stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NIRANJAN . ELANZ BIPR 28 95