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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L67700 1. Corporation Name

DAXA, INC.

,	e of Business	Mailing Address								
95 SR 512 Bebastian FL 32958 Is		695 SR 512 Sebastian FL 32958 US	SEBASTIAN FL 32958				! DO NOT WRITE IN	THIS SPACE		_
						3	Date Incorporated or Qualifed 04/23/1990			
2. Principal F	Place of Business	2a. Mailing Address				4	FEI Number		pplied For	
1		26					59-3008070		ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.					Certificate of Status Desired	Fee F	Additional tequired	
City & Stat	te	City & State					Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees	
Zip	Country	Zip	_	intry		8	This corporation owes the current years	ear Intangible	□No	
4	25 25 25 25 25 25 25 25 25 25 25 25 25 2		30	ī		10	Personal Property Tax. Name and Address of New Regis			\dashv
	9. Name and Address of Curre	ent Kegistered Agent		81	Name	- 10	Name and Address of New Yogio	torou / tgorit		1
PAT	EL, N.G.				044 4 4 4		D.O. Boy Number is Not Assessable)			-
695	FELLSMERE ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptable)	s principal destruction	, esaki bidil seci.	
SEB	ASTIAN FL 32958			83				133 (4) (2) (3)		1
				84	City		1 12 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	85 7in	Code	┨
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11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	s, the a	bove-	named corp ne corporati	oration's b	on submits this statement for the purpopard of directors. I hereby accept the	ose of changing if appointment as r	s registered egistered	
agent. I a	am familiar with and accept the oblig	ations of, Section 607.0505, Flori	da Stati	utes.				28-99		
SIGNATURE	_ 5					7	reinstating) (, , , , , , , , , , , , , , , , , ,	ATE /		_
12.	Signature, typed or printed name of registered at	Jent and title if applicable. (NOTE: I	13.	Agents	agnature require	ici wixeri	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 12	- 66 - 66 - 67
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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 of 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 one attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 17, 1999 8:00am

Secretary of State

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561-589-9397