FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P19198 (1)

1. Corporation Name
ASSIX INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
505 E. JACKSON ST. SUITE 220 TAMPA FL 33602-4951	505 E. JACKSON ST. SUITE 220 TAMPA FL 33602-4951

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/11/1988
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 100 N TAMPA STREET
Suite, Apt. #, etc.
22 3575
City & State
23 TAMPA FL
Zip 24 33602 Country 25

2a. Mailing Address
26 100 N TAMPA STREET
Suite, Apt. #, etc.
27 3575
City & State
28 TAMPA FL
Zip 29 33602 Country 30

4. FEI Number: 59-2855398 ☐ 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

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

8. Name and Address of Current Registered Agent

GARDNER, DOUGLAS S.
505 E. JACKSON ST.
SUITE 220
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: W CAREY WEBB
82 Street Address (P.O. Box Number is Not Acceptable): 100 N TAMPA STREET
83 SUITE 3575
84 City: TAMPA FL 85 Zip Code: 33602

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 _____ DATE
Signature, typed 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	PD	1.1 TITLE	CDST	☒ Change ☐ Addition
NAME	NEWTON, R. PARK, III	1.2 NAME	R. PARK NEWTON III	
STREET ADDRESS	505 E. JACKSON ST., S220	1.3 STREET ADDRESS	100 N TAMPA ST, STE 3575	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA FL 33602	
TITLE	ST	2.1 TITLE	PD,CEO	☒ Change ☐ Addition
NAME	GARDNER, DOUGLAS S.	2.2 NAME	W. CAREY WEBB	
STREET ADDRESS	505 E. JACKSON ST., S220	2.3 STREET ADDRESS	100 N TAMPA ST, STE 3575	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	3.1 TITLE	DELETE THIS NAME	☒ Change ☐ Addition
NAME	ROSS, CHARLES A.	3.2 NAME		
STREET ADDRESS	505 E. JACKSON ST., S220	3.3 STREET ADDRESS	200001508292	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	-06/08/95--01042--010	
TITLE	D	4.1 TITLE	****450.00	☐ Change ☐ Addition ****225.00
NAME	CASKEY, JOHN L.	4.2 NAME		
STREET ADDRESS	P.O. BOX 18662	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	DELETE THIS NAME	☒ Change ☐ Addition
NAME	MARLER, KERRY F.	5.2 NAME		
STREET ADDRESS	25209 BUNTING CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	NEWTON, ARIS	6.2 NAME	ARIS NEWTON	
STREET ADDRESS	505 E. JACKSON ST., S220	6.3 STREET ADDRESS	100 N TAMPA ST STE 3575	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	TAMPA FL 33602	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained 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 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP