FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P93000037306 (6)

1. Corporation Name
AMAXUS INCORPORATED

Principal Place of Business	Mailing Address
5020 TAMIAMI TRAIL NORTH SUITE 200 NAPLES FL 33940	5020 TAMIAMI TRAIL NORTH SUITE 200 NAPLES FL 33940

3. Date Incorporated or Qualified: 05/21/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 65-0423502 ☐ 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

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131

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 _______ DATE _______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, S. CHARLES III		1.2 NAME	
STREET ADDRESS	1756 SAN BERNARDINO WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NALLEY, E. P		2.2 NAME	
STREET ADDRESS	1756 GRAND BAY DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	MASTEAS, T.C.		3.2 NAME	MASTERS, T. C.
STREET ADDRESS	4401 PIND APPLE DRIVE		3.3 STREET ADDRESS	4401 POND APPLE DRIVE
CITY-ST-ZIP	NAPLES FL 33999		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MARWICK, K.M.		4.2 NAME	
STREET ADDRESS	24781 PENNYROYAL DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROSINUS, F.		5.2 NAME	
STREET ADDRESS	25151 PENNYROYAL DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WETTLAUFER, M.		6.2 NAME	
STREET ADDRESS	58101 PELICAN BAY BLVD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: K. MARWICK — 7/12/96 — 941-262-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)