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May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
5020 TAMiami TRAIL NORTH  
SUITE 200  
NAPLES FL 33940

Mailing Address  
5020 TAMiami TRAIL NORTH  
SUITE 200  
NAPLES FL 34103-2891



3. Date Incorporated or Qualified  
05/21/1993

3a. Date of Last Report  
07/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 34103

25

29

30

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

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BENNETT, S. CHARLES III  
STREET ADDRESS 1756 SAN BERNARDINO WAY  
CITY- ST- ZIP NAPLES FL 33942

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE D  
NAME NALLEY, E. P  
STREET ADDRESS 1756 GRAND BAY DRIVE  
CITY- ST- ZIP NAPLES FL 33940

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE VD  
NAME MASTERS, T.C.  
STREET ADDRESS 4401 PINE APPLE DRIVE  
CITY- ST- ZIP NAPLES FL 33999

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE TD  
NAME MARWICK, K.M.  
STREET ADDRESS 24781 PENNYROYAL DRIVE  
CITY- ST- ZIP BONITA SPRINGS FL 33923

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE D  
NAME ROSINUS, F.  
STREET ADDRESS 25151 PENNYROYAL DRIVE  
CITY- ST- ZIP BONITA SPRINGS FL 33923

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE D  
NAME WETTLAUER, M.  
STREET ADDRESS 58101 PELICAN BAY BLVD.  
CITY- ST- ZIP NAPLES FL 33963

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

941-262-0303

Date

Daytime Phone #

CR2E034 (9/96)