

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000037306 (6)**
1. Corporation Name

AMAXUS INCORPORATED



Principal Place of Business 5020 TAMiami TRAIL NORTH SUITE 200 NAPLES FL 34103 US	Mailing Address 5020 TAMiami TRAIL NORTH SUITE 200 NAPLES FL 33940
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 800 LAUREL OAK DRIVE Suite, Apt. #, etc. 22 # 600 City & State 23 NAPLES, FL Zip 24 34108		2a. Mailing Address 26 800 LAUREL OAK DRIVE Suite, Apt. #, etc. 27 # 600 City & State 28 NAPLES, FL Zip 29 34108		3. Date Incorporated or Qualified 05/21/1993	
		4. FEI Number 65-0423502		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
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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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

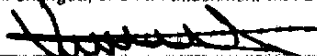
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASTERS, T.C.			3.2 NAME			
STREET ADDRESS	4401 PINE APPLE DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33990			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WETTLAUER, 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 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:

 **Kenneth Marwick**

4/27/98

041-514-5005

CR2E034 (10/97)