

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE AND UNPAID AS OF: 02/28 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$175)**

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000038448 (5)

1. Corporation Name

AXE ANTIQUES, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL -3 AM 8:47

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|--|--|
| Principal Place of Business 200 US #1 SUITE 130 JUNO BEACH FL 33408 US | Mailing Address 102 SPYGLASS LANE JUPITER FL 33450 |
| 2. Principal Place of Business 21 12800 U.S. 1 | 28. Mailing Address 26 12800 US 1 |
| State, Act. #, etc 22 27 90, 1c 130 | State, Apt. #, etc 27 90, 1c 130 |
| City & State 23 28 JUNO Beach, FL | City & State 28 JUNO Beach, FL |
| 7. Zip 24 25 33408 | 7. Zip 29 33408 |
| 8. Country 30 77/100 B.C. P.L.C. | Country 30 77/100 B.C. P.L.C. |

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 05/28/1993 | 3a. Date of Last Report 07/26/1994 |
| 4. FEI Number 65-0415406 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required <input type="checkbox"/> |
| 6. Election Category: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trust/Charitable <input type="checkbox"/> | \$5.00 May Be Added to Fees <input type="checkbox"/> |
| 7. This corporation has authority to transact business under s. 100.10(2) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**AXELROD, ROBERT M
200 SOUTH U.S. HIGHWAY ONE
SUITE 130
JUNO BEACH FL 33408**

(Change of Address
Date)

10. Name and Address of New Registered Agent

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|--|
| 61. Name 62. Street Address (If Box Number is Not Acceptable) 12800 US 1 |
| 63. |
| 64. City FL 65. 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 of officer or director and title or position held)

| OFFICERS AND DIRECTORS | | 13. Title 14. Name 15. Street Address 16. City, St, Zip | 17. Title 18. Name 19. Street Address 20. City, St, Zip | 21. Title 22. Name 23. Street Address 24. City, St, Zip | 25. Title 26. Name 27. Street Address 28. City, St, Zip | 29. Title 30. Name 31. Street Address 32. City, St, Zip | 33. Title 34. Name 35. Street Address 36. City, St, Zip | 37. Title 38. Name 39. Street Address 40. City, St, Zip | 41. Title 42. Name 43. Street Address 44. City, St, Zip | 45. Title 46. Name 47. Street Address 48. City, St, Zip |
|--|---|--|--|--|--|--|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | D AXELROD, ROBERT M 102 SPYGLASS LANE JUPITER FL 33450 | | | Director Rebecca C. Axelrod 102 SPYGLASS LANE JUPITER, FL 33450 | | | | | | |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | | | | | | | | | | |
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| TITLE NAME STREET ADDRESS CITY, ST, ZIP | | | | | | | | | | |

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stand in Section 110.07(3)(b), Florida Statutes. I further certify that the information contained 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 upon attachment with an address.

SIGNATURE: Robert M. AXELROD

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/95 402-625 4293

Before Print

CR2E034 (3/95)