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Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000038448 (5)

1. Corporation Name
AXE ANTIQUES, INC.

Principal Place of Business

12800 U.S. 1
SUITE 130
JUNO BEACH FL 33408
US

Mailing Address

12800 US 1
SUITE 130
JUNO BEACH FL 33408
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1993

4. FEI Number

65-0415486

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 275 A1T. A1A

Suite, Apt. #, etc.

22 City & State

23 Jupiter FL

24 Zip

25 Country

US

2a. Mailing Address

26 275 A1T. A1A

Suite, Apt. #, etc.

27 City & State

28 Jupiter FL

29 Zip

30 Country

US

9. Name and Address of Current Registered Agent

AXELROD, ROBERT M
12800 US 1
SUITE 130
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

275 A1T. A1A

83

84 City

Jupiter

FL

85 Zip Code

33458

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME AXELROD, ROBERT N
STREET ADDRESS 182 SPYGLASS LANE
CITY-ST-ZIP JUPITER FL 33458

TITLE D ☐ DELETE
NAME AXELROD, REBECCA C.
STREET ADDRESS 182 SPOYGLASS LANE
CITY-ST-ZIP JUPITER FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Axelrod, Robert M.
1.3 STREET ADDRESS 102 N. Village Way
1.4 CITY-ST-ZIP Jupiter FL 33458

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Axelrod, Rebecca C.
2.3 STREET ADDRESS 102 N. Village Way
2.4 CITY-ST-ZIP Jupiter FL 33458

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: [Signature] DATE: 4/29/98 5:01-743-7888

CR2E034 (10/97)