

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 JUL 14 AM 11:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000019132 (7)

1. Corporation Name
AXO-TEAK DESIGN STUDIO, INC.

Principal Place of Business: 1207 S.W. 21ST CT. FORT LAUDERDALE FL 33315
Mailing Address: 1207 S.W. 21ST CT. FORT LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/11/1994	N/A
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		105-0A04073	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**LEWIN, ROSLYN C
7975 W. MCNAB ROAD
TAMARAC FL 33321**

81 Name: N/A
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: N/A
Signature, typed or printed name of registered agent and title # (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	V/T/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND-TICE, LUCILE V	1 2 NAME	
STREET ADDRESS	1207 S.W. 21ST CT.	1 3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33315	1 4 CITY - ST - ZIP	
TITLE	D	2 1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JESSICA	2 2 NAME	
STREET ADDRESS	210 174TH STREET, # 710	2 3 STREET ADDRESS	210 - 174TH STREET, # 1410
CITY - ST - ZIP	N. MIAMI BEACH FL 33160	2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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, singly or on an attachment, with an address.

SIGNATURE: *Lucile V. Hammond-Tice, VP.*
Date: 06/13/95 (305) 743-1515
Typed Name: LUCILE V. HAMMOND-TICE, VP.

CR2E034 (3/95)