## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	DIVISION OF CO	DRPORATIO	NS			
DOCUI	MENT # P940	000061751 (1	)				
	AXAS TECHNOLOGIES, IN	ic.	-				
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Principal Place	of Business	Mailing Address		<del></del>			
1400 W. FAIRBANKS AVE.		Mailing Address					
SUITE 102		1400 W. FAIRBANKS AT SUITE 102	SUITE 102				
WINTER P	ARK FL 32789	WINTER PARK FL 3278	9			T	
					<ol> <li>Date Incorporated or Qualified 08/22/1994</li> </ol>	3a. Date of Last 10/17	
	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
Suite Ant	1   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.				59-3262236		Not Applicable
<u> </u>		27 Suite, Apr. #, etc.	suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional
City & State City & State					6. Election Campaign Financing	·	e Required
23	28				Trust Fund Contribution		00 May Be ded to Fees
Zip ■	Country Zip		Country		8. This corporation has liability for in	ntangible tax under	
24	25 9. Name and Address of Curre	29 3	10]		Florida Statutes X Yes		<del></del>
<del></del>	0, 111111111111111111111111111111111111	nt riogistered Agent	81	Name	10. Name and Address of New Re	egistered Agent	
THE P	RENTICE HALL CORPORATIO	N SYSTEM, INC					
1201	HAYS ST.	Telefang nie.	82	Street Add	lress (P.O. Box Number is Not Acceptable	e)	
TALLA	HASSEE FL 32301		83				
			84	City		las	~ ^
44 50 00 0044			[ ]	•			Zip Code
			the above na by the corpo	amed corpor ration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	oose of changing its	registered office
	h, and accept the obligations of, Soc	ction 607.0505, Florida Statutes.	· · · · · · · · · · · · · · · · · · ·		ed of allocations, i hollowy according appe	III (Herik as registere	эд адель тапт
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: P	Registered Agent	sionature require	od wher reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		FORS IN 12
TITLE	D DELETE		1. 1 TITLE			☐ Change	
NAME	MERRIGAN, RICHARD A		1.2 NAME				i
STREET ADDRESS	3 Brookdene ave. Oxhey, enland		1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	D DELETE		1.4 CITY - ST - ZIP 2. 1 TITLE				
NAME	HILL. RONALD P		2 1 HILE 2.2 NAME			☐ Change	Addition
STREET ADDRESS	TIP ALL STATES		2.3 STREET ADDRESS				
CITY-ST-ZIP	DEVON, ENGLAND		24 CITY - ST - ZIP				
TITLE	D DELETE		3 1 11TLE			☐ Change	Addition
NAME	CRAIG, ANDREW		3.2 NAME				_
STREET ADDRESS			3.3. STREET ADDRESS				
CHY-ST-ZIP TITLE	ZIP TWICKENHAM MIDDLESEX, ENGLAN		3 4 City - St - ZiP				
NAME		[] DEFEIE	4. 1 TITLE			☐ Change	☐ Addition
STREET ADDRESS			4.2 NAME 4.3 STREET A	DARRERE			. ]
CITY-SI-ZIP							1
TITLE	☐ DELETE		4.4 CHY-ST-ZIP 5. 1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET A	DDRESS			İ
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		☐ DELETE	6. 1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				l
STREET ADDRESS CITY-ST-ZIP			6 3 STREET AS				ſ
	certify that the information supplied	with this filing is voluntarily furnished	64 CHY-ST- d and does	ZIP   not qualify fo	or the exemption stated in Section 119.0	7/3Vk) Florida Stat.	too I further

GNATURE:

Role for the exemption stated in Section 119.07(3)(k), 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 charged, or on an attachment with an address.

GNATURE:

| ANDLEW | RAIG
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Date | Dayling Phone II

SIGNATURE: