

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

FILED  
May 28 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 # P94000061751 (1)

1. Corporation Name

ABRAXAS TECHNOLOGIES, INC.

Principal Place of Business

1400 W. FAIRBANKS AVE.  
SUITE 102  
WINTER PARK FL 32789

Mailing Address

1400 W. FAIRBANKS AVE.  
SUITE 102  
WINTER PARK FL 32789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/22/1994
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3262236
24 Country	29 Country	Applied For
	30	Not Applicable

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

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

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 of applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRIGAN, RICHARD A	1.2 NAME	Richard merrigan
STREET ADDRESS	3 BROOKDENE AVE.	1.3 STREET ADDRESS	2375 Westminster Terrace
CITY-ST-ZIP	OXHEY, ENLAND	1.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	0	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, RONALD P	2.2 NAME	
STREET ADDRESS	THE OLD FARMHOUSE, STOODLEIGH, BARTON TIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEVON, ENGLAND	2.4 CITY-ST-ZIP	
TITLE	0	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG, ANDREW	3.2 NAME	
STREET ADDRESS	33 SHAFTESBURY WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TWICKENHAM MIDDLESEX, ENGLAN	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 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.

CR2E034 (10/97)