

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

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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000088958			
1. Corporation Name SAXON ARCHIVE CENTERS, INC.			
Principal Place of Business 270 BUSINESS PKWY 5. 6 ROYAL PALM BCH FL 33411 US		Mailing Address 270 BUSINESS PARKWAY 5 & 6 ROYAL PALM BEACH FL 33411	
2. Principal Place of Business 21 250 Business Pkwy Suite, Apt. #, etc. 22 Bay 3 City & State 23 Royal Palm Bch FL Zip 24 33411 Country 25 P.B. County		2a. Mailing Address 26 12767 Pineacre Ln Suite, Apt. #, etc. 27 City & State 28 Wellington, FL Zip 29 33414 Country 30 P.B. County	
9. Name and Address of Current Registered Agent KAPLAN & BLOOM, P.A. 3900 WOODLAKE BLVD., SUITE 212 LAKE WORTH FL 33463			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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	VD	DELETED	
NAME	SAXON, DWIGHT		
STREET ADDRESS	772 JUNIPER PLACE		
CITY-ST-ZIP	WELLINGTON FL		
TITLE	DP	DELETED	
NAME	SAXON, CONNIE R		
STREET ADDRESS	772 JUNIPER PLACE		
CITY-ST-ZIP	WELLINGTON FL		
TITLE		DELETED	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		DELETED	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		DELETED	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		DELETED	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	President	Change Addition	
1.2 NAME	Connie R. Saxon		
1.3 STREET ADDRESS	12767 Pineacre Ln		
1.4 CITY-ST-ZIP	Wellington, FL 33414		
2.1 TITLE	V. Pres.	Change Addition	
2.2 NAME	Tara Saxon		
2.3 STREET ADDRESS	12252 Sag Harbor Ct #6		
2.4 CITY-ST-ZIP	Wellington, FL 33414		
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, with all other like empowered.

SIGNATURE: *Dwight Saxon* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99

Date

561-753-0066

Daytime Phone #