**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000076079

AXXESS CAPITAL, INC.

Principal Place of Business

Mailing Address

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90167 037 \*\*\*150.00



1257 79TH ST S St Petersburg fl 33707 Js	P.O. BOX 980 St. Petersburg FL 33707			DO NOT WRITE IN THIS SPACE				
•				3. Date incorporated or Qualifed 09/29/1995				
2. Principal Place of Business	2a. Mailing Address	10	. 01	4. FEI Number	-	Applied For		
1	26 1257-79/2 Str	UT 30	yn.	59-3341587		Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-		5. Certifcate of Status Desired	-	. <b>75</b> Additional ee Required		
City & State	City & State	FL 33	707	6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees		
Zip Country 4 25	_ <i> </i>	untry USA		This corporation owes the current year I     Personal Property Tax.	ntangible Ye:			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
SCHUETZ, STEVEN E		81 Na	ime					
1257 - 79TH STREET SOUTH		82 Street Address (P.O. Box Number is Not Acceptable)						
ST. PETERSBURG FL 33707		83						
		84 Ci	ty	F	L 85	Zip Code		
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stangent Lam familiar with and accept the ob-	ate of Florida. Such change was authorize	ed by the	med corpo corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the app	of changi ointment	ng its registered as registered		

agent. I a	m familiar with, and accept the obligations of, Section 607.0	505, Florida	Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rec	sistered Agent signature required	when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		OFFICERS AND DIRECTO	RS IN 12
TITLE	PSTD DE	LETE	1.1 TITLE		☐ Change	☐ Addition
NAME	SCHUETZ, STEVEN E		1.2 NAME			
STREET ADDRESS	1257 - 79TH STREET SOUTH		1.3 STREET ADDRESS			
City-ST-ZIP	ST. PETERSBURG FL 33707		1.4 CITY-ST-ZIP			
TITLE	☐ DE	LETE	2.1 TITLE		☐ Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE	□ DE	LETE	3.1 TITLE		☐ Change	Addition
NAME			32 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY+ST-ZIP			
TITLE	☐ DE	LETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAMÉ			
STREET ADORESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	DE	LETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME		•	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	☐ DE	LETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY ST 7ID			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:

ER OR DIRECTOR