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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000091111 (1)

DAXX, INC.

Principal Place of Business

205 E. CENTRAL BLVD. SUITE 304 ORLANDO FL 32801

Mailing Address

Za. Mailing Address

SUITE 304 ORLANDO FL 32801-1986

205 E. CENTRAL BLVD.

FILED Apr 10 1997 8:00am Secretary of State



3a. Date of Last Report

3. Date Incorporated or Qualified

11/30/1995

	Place of Business Howe 54/e 26 Pn	Address House	Str	10	4. FEI Number	Applied For Not Applicable						
Suite, Apt	1 #, etc. Suite,	Apt.#, etc.		<u> </u>	6. Certificate of Status Desired	\$8.75 Additional						
City & St	nte City &	Stato	~ ~	<i></i>	6. Election Campaign Financing	Fee Required \$5.00 May Be						
23 Orlando, [-] 28 Orlando, [-] Zip Country Zip Cou				Trust Fund Contribution								
24 329		801 30		Florida Statutes Yes No								
	9. Name and Address of Current Registered A	gent	81	\$1a	10. Name and Address of New Registered /	igent						
	SI, FRANK P JR.		[19]	Name		·						
	E. CENTRAL BLVD.		82	82 Street Address (P.O. Box Number is Not Acceptable)								
	ITE 304 LANDO FL 32801		63	<u></u>								
Un	DANDO PL 32001				· · · · · · · · · · · · · · · · · · ·							
			84	City	FL	85 Zip Code						
11. Pursuari	t to the provisions of Sections 607,0502 and 607,1508	, Florida Statutes,	the above	-named corp	poration 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE												
	Sign and typed or protecting is of registered agent and little if applicable	le (NOTE: Fo		ni signature require	ed when reinstating) DATE	DIDEOTODO IV. 40						
12.	OFFICERS AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition						
NAME	DORROUGH, DAX	Coccine	1.2 NAME			C cyalide C Vagurou						
STREET ADDRESS			1.3 STREET	ADDRESS								
CITY - \$1 - ZIP	ORLANDO FL		14 DITY-S	}		}						
THE	ORDANO TE	DELETE	2.1 TITLE	I - ZIF		Change Addition						
NAME			2.2 NAME	- {								
STREET ADDRESS			2.3 STREET	ADDRESS								
011Y-51-76P	}		2. 4 CITY-S			ł						
Total E		DELETE	3.1 TITLE			☐ Change ☐ Addition						
NAME			32 NAME									
STREET ADDRESS			3.3 STREET	ADDRESS								
CHY-ST-7IP			3.4. CITY - S	17-21P								
TITLE		DEFELE	4.1 TITLE	}		Change Addition						
NAME	}		4. 2 NAME	}		j						
STREET ADORESS			4.3 STREET									
CHY-\$1-7/P		DELETE	44 CITY-S	T-ZIP		Change Addition						
TITLE NAME	}	C" OCTESE	5.1 TITLE 5.2 NAME	}		The control of						
NAME Choice Armodece			5.2 NAME 5.3 STREET	ADDDECC								
STREET ADORESS			5.3 STREET	1		ļ						
DITY: ST-ZIP		DELETE	6.1 TITLE)-ZIP		Change Addition						
NAME			6.2 NAME									
STREET ADDRESS			6.3 STREET	ADORESS		ł						
CITY: ST. AP			6.4 CITY - S	T-71P								
14. I do here	by certify that the information supplied with this filing	does not qualify to	or the exe	mption stated	in Section 119.07(3)(i), Florida Statutes. I further	certify that the						
14. I do 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 on the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or or an attachment with an address.												

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1997



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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P04624

(3)

KINDERD	ANCE INTERNATIONAL, I	NC.					
Principal Place	of Business	Mailing Address	_			IBAL MIBIT BIBIT BIBLI BIBIT) AND I CAN.
268 N. BABCOCK ST.		268 N. BABCOCK STREE	ī				
i Melbourne fl	. 32935	MELBOURNE FL 32835-6	786				
US		US			3. Date Incorporated or Qualified 01/10/1985	3a. Date of Last F 04/12/1996	Report
	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			86-0466025		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State		City & State			Election Campaign Financing		
23	,	28			Trust Fund Contribution		May Be I to Fees
Zip	Zip Country Zip		Countr	у	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes Yes No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	Istered Agent	
FRIE	DMAN, BERNARD		8	Name			Ì
	ATLANTIC ST #411		8;	Street Add	dress (P.O. Box Number is Not Acceptable	le)	
MELE	BOURNE BEACH FL 32951		<u> </u>			·	
			8				
			8	City		85 Zip	Code
			M (20)			FLI	No. 1984
SIGNATURE	Signature, type 1 or produce name of registerest a				poration submine this statement for the pation's board of sirectors. I hereby acceptured when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	
Title	PID	DELETE	1.1 TITLE	····	ADDITIONA/OF IANGED TO OFFICE	Change	
NAME	HARSELL, CAROL	_ ·	1.2 NAME				
STREET ADDRESS	2150 ATLANTIC ST #411		1.3 STREI	T ADORESS	·		
CHY-ST-ZIP	MELBOURNE BEACH FL		1.4 CITY-	ST-ZIP			Ì
TITLE	VSD DELETE		21 TITLE		777	Change	Addition
NAME	FRIEDMAN, BERNARD		2.2 NAME	:			
STREET ADDRESS	2150 ATLANTIC ST #411		2.3 STRE	T ADDRESS			ł
C(1) y + ST - ZIP	MELBOURNE BEACH FL		2. 4 CITY	-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			L. Change	Addition
NAME			3 2 NAME	1			ļ
STREET ADDRESS				ET ADDRESS			· •
CITY-ST ZiP		DELETE	3.4. CITY 4.1 TITLE	-ST-ZIP		Change	Addition
THLE NAME		LJ VICEIC	4. 2 NAM	_F		em cualific	, raginal
STREET ADDRESS			l	ET ADDRESS			ļ
CITY - ST - ZIP			4.4 CITY				
TOTALE		DELETE	5.1 TITLE			Change	Addition
NAM:			5.2 NAM				*
STREET ADDRESS			5.3 STRE	ET ADDRESS			ļ
City - ST - ZiP			5.4 CITY	-ST-ZIP			
TUTLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			62 NAM	·			
STREET ADDRESS			6.3 STAE	ET ADDRESS			
CITY-ST-ZIP		and the state of t	6.4 CITY		d C. 10-14-14-14-14-14-14-14-14-14-14-14-14-14-	A Design and the second second	at the
informatio Lam an of	o inchested on this gonual report of	supplemental annual report to or the receiver or trustee emp	s true and accowered to exe	curate and the	ed in Section 119.07(3)(i), Florida Statute: at my signature shall have the same lega ort as required by Chapter 607, Florida S	Leffect as if made u	inder oath: that !

SIGNATURE:

TEO NAME OF SIGNING OFFICER OR DIRECTOR

0103494