

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90071 032 \*\*\*150.00

UC-30624

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P96000001330

1. Corporation Name  
**AXTMANN HOLDINGS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**3500 ISLAND BLVD PENTHOUSE 4**  
**WILLIAMS ISLAND FL 33160**

Mailing Address  
**3500 ISLAND BLVD PENTHOUSE 4**  
**WILLIAMS ISLAND FL 33160**

3. Date Incorporated or Qualified  
**12/28/1995**

2. Principal Place of Business  
**3255 NE 184th Street**

2a. Mailing Address  
**3255 NE 184th Street**

4. FEI Number  
**65-0644604**

Applied For  
 Applied For  
 Not Applicable

Suite, Apt. #, etc.  
**Apt. 12504**

Suite, Apt. #, etc.  
**Apt. 12504**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State  
**Aventura, FL**

City & State  
**Aventura, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip Country  
**33160 USA**

Zip Country  
**33160 USA**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AXTMANN, SIEGFRIED E**  
**3500 ISLAND BLVD PENTHOUSE 4**  
**WILLIAMS ISLAND FL 33160**

81 Name  
**Axtmann Siegfried E.**

82 Street Address (P.O. Box Number is Not Acceptable)  
~~3255 NE 184th Street~~  
**Apt. 12504**

83

84 City  
**Aventura**

85 Zip Code  
**FL 33160**

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 *p.d. Siegfried Axtmann* **Siegfried Axtmann** **1/11/99**  
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	PD	<input type="checkbox"/> DELETE
NAME	AXTMANN, SIEGFRIED E	
STREET ADDRESS	3500 ISLAND BLVD PENTHOUSE 4	
CITY-ST-ZIP	WILLIAMS ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *p.d. Siegfried Axtmann* **Siegfried Axtmann** **1/11/99** (305) 931-7951  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)