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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17 1998 8:00am
Secretary of State

	1998	TASI	DIVISION OF	CORPORA	OITA	NS					
DOCUMENT # P9600034235 (7) STUART AXLE, INC.											
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Principal Plac		Mailing A									
B79 S.E. MOI Unit G	NIERET HU.		879 S.E. MONTEREY RD. UNIT G								
STUART FL 3	34994		T FL 34994				DO NOT WRITE IN TH	IIS SPACE			
US		US					3. Date Incorporated or Qualified			7	
2. Principal P	Place of Business	2a. Maili	ng Address				04/16/1996 4. FEI Number		Applied For	\dashv	
21		26					65-0701700		Not Applicable	•]	
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	7	
22		27	<u> </u>				5. Certificate of Glatus Desired	Fee	Required	_	
City & State	е	City 8	City & State				6. Election Campaign Financing	\$5.0	O May Be		
23		28	 				Trust Fund Contribution	Adde	d to Fees	↲	
Zip	Country	<u> </u>	Zip Cour				8. This corporation owes or has paid the)	
24	25	29	Amont	30			Personal Property Tax due June 30.		□ No	_	
CVA	Name and Address of Curre ENSON, CHRISTIPHER	nt negistereu	Agent		81	Name	10. Name and Address of New Register	ed Agent		-	
	enson, Christipher 9 S.E. Monterey RD.			\	۱,	Name				1	
				ſ	82	Street Ad	idress (P.O. Box Number is Not Acceptable)			٦	
UNIT G Stuart Fl 34994				ļ.	B3					4	
311	OMNI FL 04884				55						
				Ţ	84	City		85 Zip	o Code	٦	
44 Durquant	to the provision of Costions COZ OF	00 and 607 160	DR. Florida Ctatu	tos the ob	<u>_</u>				ito variatorad	_	
office or re	egistered agent, or both, in the State m familiar with, and accept the oblic	e of Florida, Sugations of, Secti	ch change was ion 607.0505, F	authorized torida Statu	by i	the corpor	orporation submits this statement for the purpos ration's board of directors. I hereby accept the	appointment a	is registered	1	
SIGNATURE	,	•								-	
	Signature, typed or printed name of registered ag				Agen	l signature rec	quired when reinstating) DAT			4	
12.	OFFICERS AT	ID DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS			Įģ	
TITLE	SVENSON, CHRISTOPHER		DELETE	1.1 1110				L_) Change	Addition	1	
NAME	879 S.E. MONTEREY RD., U	NIT G		1.2 NA		1				25	
STREET ADORESS	STUART FL 34994	W .				DDRESS				Ĭ	
CITY-ST-ZIP	010/411 12 04004		DELETE	1.4 C/T		- ZIP		T Ohear	T Carrier	٦À	
TITLE			C) OFFER	2.1 1171		}		Change	Addition	1	
NAME				2.2 NAN]	
STREET ADDRESS						DDRESS				j	
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STREET ADDRESS						DDRESS				J	
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NAME .			L OLLLIL					- Change	L MOUNIUIT	1	
STREET ADDRESS				4. 2 NA		DORESS				Ι.	
										1.	
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NAME			the profess	5.1 TITLE 5.2 NAME]		C onsulto	ADDITION		
STREET ADDRESS				6		DDRESS				L	
CITY-ST-ZIP										1'	
TITLE			DELETE	5.4 CITY 6.1 TITL		TIE -		Change	Addition	\dashv	
NAME				6.2 NAN				oningo	- totalidi)	1	
STREET ADDRESS						DORESS				1	
CITY-ST-ZIP				6.4 CITY							
14. I hereby o	ertify that the information supplied v	vith this filing do	oes not qualify f	or the exer	nptic	on stated i	in Section 119.07(3)(i), Florida Statutes. I further	certify that th	e information	1	
indicated i	on this annual report of supplement	at annual report	t is true and acc	curate and	that	my signal	ture shall have the same legal effect as if made	under oath if	nat Lam an	1	

14. I hereby certify that the information supplied with this filling 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 of 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 his 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 Changott, or of an attachment with an address.

SIGNATURE:

CHRISTOPHER SVENSON