

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000062565 (2)**

1. Corporation Name
AXE FINANCIAL GROUP, INC



Principal Place of Business 4411 NW 18TH ST SUITE M306 LAUDERHILL FL 33313	Mailing Address 4411 NW 18TH ST SUITE M306 LAUDERHILL FL 33313-4959
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3. Date Incorporated or Qualified 07/24/1996	3a. Date of Last Report
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2. Principal Place of Business 21 5200 NW 31 Ave	2a. Mailing Address 26 5200 NW 31 Ave	4. FEI Number 65-0690532	Applied For Not Applicable
Suite, Apt. #, etc. 22 J 177	Suite, Apt. #, etc. 27 J 177	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 33309	Country 25 Broward	Zip 29 33309	Country 30 Broward

9. Name and Address of Current Registered Agent

**ASLAKSEN, ERIC
4411 NW 18TH ST SUITE M306
LAUDERHILL FL 33313**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	5200 NW 31 Ave
83	J 177
84 City	Ft. Lauderdale
85 Zip Code	FL 33309

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ASLAKSEN, ERIC	1.2 NAME	P/D
STREET ADDRESS	4411 NW 18TH ST SUITE M306	1.3 STREET ADDRESS	5200 NW 31 Ave, Suite J 177
CITY-ST-ZIP	LAUDERHILL FL 33313	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33309
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V M. Allen Scarborough
STREET ADDRESS		2.3 STREET ADDRESS	5200 NW 31 Ave, Suite J 177
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33309
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	SM Suzanne A. Scarborough
STREET ADDRESS		3.3 STREET ADDRESS	5200 NW 31 Ave, Suite J 177
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33309
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

SIGNATURE:  **Eric R. Aslaksen** 4-18-97 739-4467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)