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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000064551

1. Corporation Name

AXON CORPORATION

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90270 013 ***150.00

	_					— (IND) IND 100 (B) IND 13111 PEISI NOSIN BOSO DSILL DIRECT AS ON OCCUPA CONTRACTOR CON		
Principal Place of Business Mailing Address 3000 N UNIVERSITY DR 3000 N UNIVERSITY DR								
SUITE E	20 5: 00005	SUITE E				DO NOT-WRITE-IN-THIS SPACE		
CORAL SPRING		CORAL SPRINGS FL.3306	0 <u></u>	<u> </u>		3. Date Incorporated or Qualifed		
_						08/01/1996		
_ 	Place of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				65-0691463 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be		
23 2		28	28		_	Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible		
24	25	29	30		_	Personal Property Tax.		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent		
				81	Name			
BOR	rtnick, Bernard			82	Street Addr	rose (B.O. Boy Number is Not Acceptable)		
3000 N UNIVERSITY DR				02	Street Addit	ress (P.O. Box Number is Not Acceptable)		
SUITE E				83				
COR	RAL SPRINGS FL 33065							
				84	City	FL 85 Zip Code		
A. Dumana	to the annihim of Spetime 607.0502	and 607 1509 Florida State	too the a	hove	named corn			
office or r	registere ragent or both in the State	f Florida. Such change was	authorized	by	the corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered		
agent. I a	am familia will and accept the obligati					1/10/00		
SIGNATURE	HX Vymer		Dort	11	CF VI	ice. 145 4//9/99		
ļ <u>.</u>	Signature, typed or printed name of registered agent			Agen	nt signature required	d when reinstating) DATE		
12.	OFFICERS AND	D DIRECTORS DELETE	13.	TI E	- 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition		
TITLE	D DODTNICK DEDNIE							
NAME	BORTNICK, BERNIE		1.2 NA		•			
STREET ADDRESS	1		1.3 ST	REET	T ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CI	TY-S1	T-ZIP			
TITLE	D	☐ DELETE	2.1 17	TLE		☐ Change ☐ Addition		
NAME	DAELI, ALEX		2.2 N	ME				
STREET ADDRESS	11956 GLENMORE DR		2.3 ST	REET	T ADORESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2.4 C	ΠY-S	T-ZIP			
TITLE	VP · ·	☐ DELETE	3.1 TF	TLE		☐ Change ☐ Addition		
NAME	BORTNICK, BERNARD		3.2 NA	AME				
STREET ADDRESS	3000 N UNIVERSITY DR SUITE	E			T ADDRESS			
	CORAL SPRINGS FL 33065	_	1		ST-ZIP			
CITY-ST-ZIP	COUNT OF THE COURT			,, , , o	11-4F			
	P	[] DELETE		ΠF	1	☐ Change ☐ Addition		
1	P NACILI ALEY	DELETE	4.1 TC			Change Addition		
NAME	P DAELLI, ALEX 2000 N LINIVERSITY DR STE E	ಕ್ ಜ್ಞಾನಕ್ಕ <u>.</u>	4.1 TT 4.2 N	AME,	T ADDDESC	☐ Change ☐ Addition		
NAME STREET ADDRESS	3000 N UNIVERSITY DR STE E	ಕ್ ಜ್ಞಾನಕ್ಕ <u>.</u>	4.1 TT 4.2 N 4.3 ST	AME. TREET	T ADDRESS	☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	,	e upar .	4.1 TT 4.2 N 4.3 ST 4.4 CT	AME TREET		· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS	3000 N UNIVERSITY DR STE E	ಕ್ ಜ್ಞಾನಕ್ಕ <u>.</u>	4.1 TT 4. 2 N 4.3 ST 4.4 CF	AME TREET TY-ST		Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP	3000 N UNIVERSITY DR STE E	e upar .	4.1 TT 4.2 N 4.3 ST 4.4 CF 5.1 TT 5.2 N/	AME TREET TY-SI TLE AME	T-ZIP	· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS CITY-ST-ZIP	3000 N UNIVERSITY DR STE E CORAL SPRINGS FL 33065	e upar .	4.1 TT 4.2 N 4.3 ST 4.4 CT 5.1 TT 5.2 N 5.3 ST	AME TY-ST TLE AME	T-ZIP	· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3000 N UNIVERSITY DR STE E CORAL SPRINGS FL 33065	☐ DELETE	4.1 TT 4.2 N 4.3 ST 4.4 CT 5.1 TT 5.2 N 5.3 ST 5.4 CT	AME TY-ST TLE AME TREET	T-ZIP	☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3000 N UNIVERSITY DR STE E CORAL SPRINGS FL 33065	e upar .	4.1 TT 4.2 N 4.3 ST 4.4 CT 5.1 TT 5.2 N 5.3 ST	AME TY-ST TLE AME TREET	T-ZIP	· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000 N UNIVERSITY DR STE E CORAL SPRINGS FL 33065	☐ DELETE	4.1 TT 4.2 N 4.3 ST 4.4 CT 5.1 TT 5.2 N 5.3 ST 5.4 CT	AME TY-ST TLE AME TREET TY-ST	T-ZIP	☐ Change ☐ Addition		

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 to on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP