

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072360 (6)

1. Corporation Name
AXXESS INTERNET MARKETING, INC.



Principal Place of Business
5901 NW 151ST ST STE 100
MIAMI LAKES FL 33014

Mailing Address
5901 NW 151ST ST STE 100
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		08/26/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22		27		65-861023			
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29		30	
24		25		29		30	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

RODRIGUEZ, ROY
5901 NW 151ST ST STE 100
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RODRIGUEZ, ROY	1.2 NAME	
STREET ADDRESS	5901 NW 151ST ST STE 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	NORWOOD, JEFF	2.2 NAME	
STREET ADDRESS	5901 NW 151ST ST STE 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	CIMETTA, KEN	3.2 NAME	
STREET ADDRESS	5901 NW 151ST ST STE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 the preceding 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 its authorized officer 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 attachment with an address.

SIGNATURE _____
9/16/97 (205) 582-8000

CR2E034 (4/97)