

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

**FILED**

**Feb 10 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 # P96000081836 (4)**

1. Corporation Name  
**AXSA ENTERPRISES, INC.**



Principal Place of Business: **8010 WOODLAND CENTER BLVD. SUITE 800 TAMPA FL 33614**  
Mailing Address: **8010 WOODLAND CENTER BLVD. SUITE 800 TAMPA FL 33614-2419**

3. Date Incorporated or Qualified: **09/27/1996**      3a. Date of Last Report

|   |                          |                     |                     |  |                 |   |         |
|---|--------------------------|---------------------|---------------------|--|-----------------|---|---------|
| 2. Principal Place of Business  |                          | 2a. Mailing Address |                     | 4. FEI Number  |                 | Applied For   |         |
| 21  | Suite, Apt. #, etc.      | 26                  | Suite, Apt. #, etc. | 59-3411733   |                 | Not Applicable  |         |
| 22. City & State  |                          | 27. City & State    |                     | 5. Certificate of Status Desired                             |                 | <input type="checkbox"/> \$8.75 Additional Fee Required |         |
| 23  | City & State             | 27                  | City & State        | 6. Election Campaign Financing Trust Fund Contribution       |                 | <input type="checkbox"/> \$5.00 May Be Added to Fees    |         |
| 24  | Zip                      | 25                  | Country             | 29   | Zip             | 30  | Country |
| 9. Name and Address of Current Registered Agent   |                          |                     |                     | 10. Name and Address of New Registered Agent                 |                 |   |         |
| 21. 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. |                          |                     |                     | 81. Name   |                 |   |         |
| SIGNATURE   |                          |                     |                     | 82. Street Address (P.O. Box Number is Not Acceptable)       |                 |   |         |
| Signature, typed or printed name of registered agent and title if applicable  |                          |                     |                     | (NOTE: Registered Agent signature required when reinstating) |                 |   |         |
| DATE  |                          |                     |                     | 83.  |                 |   |         |
| 12. OFFICERS AND DIRECTORS  |                          |                     |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12        |                 |   |         |
| TITLE   | D                        | DELETED             |                     | 1.1 TITLE  | Change Addition |   |         |
| NAME  | MILLER, CHARLES F        |                     |                     | 1.2 NAME   |                 |   |         |
| STREET ADDRESS  | 802 GRAND NATIONAL PLACE |                     |                     | 1.3 STREET ADDRESS   |                 |   |         |
| CITY-ST-ZIP   | SEFFNER FL 33584         |                     |                     | 1.4 CITY-ST-ZIP  |                 |   |         |
| TITLE   | D                        | DELETED             |                     | 2.1 TITLE  | Change Addition |   |         |
| NAME  | GARVEY, JOHN F           |                     |                     | 2.2 NAME   |                 |   |         |
| STREET ADDRESS  | 13826 DIAMOND HEAD DRIVE |                     |                     | 2.3 STREET ADDRESS   |                 |   |         |
| CITY-ST-ZIP   | TAMPA FL 33624           |                     |                     | 2.4 CITY-ST-ZIP  |                 |   |         |
| TITLE   |                          | DELETED             |                     | 3.1 TITLE  | Change Addition |   |         |
| NAME  |                          |                     |                     | 3.2 NAME   |                 |   |         |
| STREET ADDRESS  |                          |                     |                     | 3.3 STREET ADDRESS   |                 |   |         |
| CITY-ST-ZIP   |                          |                     |                     | 3.4 CITY-ST-ZIP  |                 |   |         |
| TITLE   |                          | DELETED             |                     | 4.1 TITLE  | Change Addition |   |         |
| NAME  |                          |                     |                     | 4.2 NAME   |                 |   |         |
| STREET ADDRESS  |                          |                     |                     | 4.3 STREET ADDRESS   |                 |   |         |
| CITY-ST-ZIP   |                          |                     |                     | 4.4 CITY-ST-ZIP  |                 |   |         |
| TITLE   |                          | DELETED             |                     | 5.1 TITLE  | Change Addition |   |         |
| NAME  |                          |                     |                     | 5.2 NAME   |                 |   |         |
| STREET ADDRESS  |                          |                     |                     | 5.3 STREET ADDRESS   |                 |   |         |
| CITY-ST-ZIP   |                          |                     |                     | 5.4 CITY-ST-ZIP  |                 |   |         |
| TITLE   |                          | DELETED             |                     | 6.1 TITLE  | Change Addition |   |         |
| NAME  |                          |                     |                     | 6.2 NAME   |                 |   |         |
| STREET ADDRESS  |                          |                     |                     | 6.3 STREET ADDRESS   |                 |   |         |
| CITY-ST-ZIP   |                          |                     |                     | 6.4 CITY-ST-ZIP  |                 |   |         |

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                      | D                        | DELETED   |  |
| NAME                       | MILLER, CHARLES F        |   |  |
| STREET ADDRESS             | 802 GRAND NATIONAL PLACE |   |  |
| CITY-ST-ZIP                | SEFFNER FL 33584         |   |  |
| TITLE                      | D                        | DELETED   |  |
| NAME                       | GARVEY, JOHN F           |   |  |
| STREET ADDRESS             | 13826 DIAMOND HEAD DRIVE |   |  |
| CITY-ST-ZIP                | TAMPA FL 33624           |   |  |
| TITLE                      |                          | DELETED   |  |
| NAME                       |                          |   |  |
| STREET ADDRESS             |                          |   |  |
| CITY-ST-ZIP                |                          |   |  |
| TITLE                      |                          | DELETED   |  |
| NAME                       |                          |   |  |
| STREET ADDRESS             |                          |   |  |
| CITY-ST-ZIP                |                          |   |  |
| TITLE                      |                          | DELETED   |  |
| NAME                       |                          |   |  |
| STREET ADDRESS             |                          |   |  |
| 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 *Charles Miller*

CR2E034 (9/96)