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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000098222 (8)

AXIOM CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

FILED Apr 28 1997 8:00am Secretary of State

| 12811 KENWOO FORT MYERS F | ID LANE. SUITE 214 L 33807 | 12811 KENWOOD LANE, SUI FORT MYERS FL 33907-5648 | TE 214 | | |
|------------------------------|--|--|---|---|------------------------------------|
| | | | | 3. Date Incorporated or Qualified 12/04/1996 | 3a. Date of Last Report |
| | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 /28/1) | Kenwood Lane | 26 12811 KENU | rood Lans | 65-0709902 | Not Applicable |
| Suite, Apt. 22 207 | #¦ etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | <u> </u> | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Ft. // | NERS FL | 28 Ft. MYERS | FL | Trust Fund Contribution | Added to Fees |
| Zip, | Country | Zip | Country | 8. This corporation has liability for | intangible tax under s. 199.032, |
| 24 339 | 07 25 | | 60 | | Yes V No |
| <u> </u> | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Re | gistered Agent |
| 1 | PORATION SERVICE COMPANY | | 81 Name | EDNARD LAKOSE | |
| | HAYS STREET | | 82 Street, | Address (P.O. Box Number is Not Acceptate | ole) , |
| TALL | AHASSEE FL 32301-2525 | | | 2811 KEnwood | LANE |
| | | | 83 | July 207 | İ |
| | • | | 84 City | 7 2 | 85 Zip Code |
| | | | \mathcal{L} | t. II/YERS | FL 33907 |
| 11, Pursuant i | to the provisions of Sections 607 0502 egistered agent, or both, in the State o | and 607.1508, Florida Statutes If Florida: Such change was au | i, the above-named thorized by the com | corporation sybmits this statement for the population's board of directors. I hereby accept | ourpose of changing its registered |
| agent. I a | m familiar with, and accept the obligal | ions of, Section 607.0505, Flori | da Stat <u>ute</u> s. | (,,, | 1 |
| SIGNATURE (| Signature, typed or printed name of registered agent | Leonard | LA LOSE Hegislered Agent signature | | 1/97 |
| 12. | OFFICERS AND | | Hegislered Agent signature | ADDITIONS/CHANGES TO OF HO | DATE CTODE IN 10 |
| TITLE | D | DELETE | 1.1 TITLE | D | Change Addition |
| NAME | LAROSE, LEONARD | | 1.2 NAME | DUWAYNE Boudin | E change gap has not |
| STREET ADDRESS | 12811 KENWOOD LANE, SUITE | 94.207 | 1.3 STREET ADDRESS | 12811 KENWOOD LANE | Suite 207 |
| CITY-ST-ZIP | FORT MYERS FL 33907 | MAT 100-1 | 1.4 CiTY - ST - ZiP | | 907 |
| TITLE | D | ☐ DELETÉ | 2.1 TITLE | Pr. Myses, PL 33 | Change Addition |
| NAME | FINCEL, GEORGE | | 2.2 NAME | | |
| STREET ADDRESS | 12811 KENWOOD LANE, SUITE | 44 267 | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS FL 33907 | | 2. 4 DITY - ST - ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | · | | 3.3 STREET ADDRESS | | Į. |
| CITY-ST-ZIP | | | 3.4. C(TY - ST - Z(P | | į |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | 1 |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | i |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | 1 |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6 4 CITY-ST-ZIP | | |
| | by certify that the information supplied | with this filing does not qualify | | tated in Section 119.07(3)(i), Florida Statute | s. 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 12 or Block or on an apalacement with an address.