

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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000033356 (1)

1. Corporation Name
CAXAMBAS, INC.

Principal Place of Business
705 AUSTIN COURT
MARCO ISLAND FL 34145

Mailing Address
705 AUSTIN COURT
MARCO ISLAND FL 34145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1141 CARA COURT Suite, Apt. #, etc. 22 City & State 23 MARCO ISLAND, FL Zip 34145 Country USA		2a. Mailing Address 26 1141 CARA COURT Suite, Apt. #, etc. 27 City & State 28 MARCO ISLAND, FL Zip 34145 Country USA		3. Date Incorporated or Qualified 04/11/1997	
24 34145		25 USA		4. FEI Number 59-3444107	
29 34145		30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent WEBSTER, RONALD S 985 N. COLLIER BLVD. MARCO ISLAND FL 34145		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		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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					

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	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARZKOPF, WOLFGANG	1.2 NAME	1141 CARA COURT
STREET ADDRESS	705 AUSTIN COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND FL 34145	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARZKOPF, ULRKE	2.2 NAME	1141 CARA COURT
STREET ADDRESS	705 AUSTIN COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND FL 34145	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBCK, PETER	3.2 NAME	340 MARQUESAS COURT
STREET ADDRESS	705 AUSTIN COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND FL 34145	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBCK, SILVIA	4.2 NAME	340 MARQUESAS COURT
STREET ADDRESS	705 AUSTIN COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND FL 34145	4.4 CITY - ST - ZIP	
TITLE		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		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 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: Peter Doback 3/16/98 (941) 389 001

CR2E034 (10/97)