

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

FILED  
Jan 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000058505 (3)

1. Corporation Name  
AAXCEL SERVICE CENTERS, INC.

Principal Place of Business

18187 US HIGHWAY 19 NORTH  
SUITE 450  
CLEARWATER FL 33764

Mailing Address

18187 US HIGHWAY 19 NORTH  
SUITE 450  
CLEARWATER FL 33764

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 13557 66th Street North		26 13557 66th Street North	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 Suite B		27 Suite B	
City & State		City & State	
23 Largo, FL		28 Largo, FL	
Zip	Country	Zip	Country
24 33771	25 USA	29 33771	30 USA

3. Date Incorporated or Qualified 07/03/1997	
4. FEI Number 59-3456126	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

KELLER, BRIAN R  
18187 US HIGHWAY 19 NORTH  
SUITE 450  
CLEARWATER FL 33764

10. Name and Address of New Registered Agent

81 Name Keller, Brian R.
82 Street Address (P.O. Box Number is Not Acceptable) 13557 66th Street North
83 Suite B
84 City Largo
85 Zip Code FL 33771

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

*Brian R. Keller*  
Signature typed or printed name of registered agent and title if applicable.

Brian R. Keller

1/9/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, BRIAN R	1.2 NAME	Keller, Brian R.
STREET ADDRESS	18187 US HIGHWAY 19 NORTH SUITE 450	1.3 STREET ADDRESS	13557 66th Street North, Suite B
CITY-ST-ZIP	CLEARWATER FL 33764	1.4 CITY-ST-ZIP	Largo, FL 33771
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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

*Brian R. Keller*

Brian R. Keller, Pres. 1/9/98 813/524-1400

CR2E034 (10/97)