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

FILED Jan 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000063143 (6) DOCUMENT # AXIOM INDUSTRIES, INC. Principal Place of Business Mailing Address 5787 WATERFORD 5787 WATERFORD **BOCA RATON FL 33496 BOCA RATON FL 33496** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/21/1997 2a. Mailing Address 2. Principal Place of Business 4. FEI Number 1920 ✓ Applied For 65-0771249 S.E. MizUER Blyd# stm f 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Stacy GLASS, STACY (Plass 5787 WATERFORD Street Address (P.O. Box Number is Not Acceptable) 82 **BOCA RATON FL 33496** 83 84 Boco 7.050° and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Staty of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 60, office or registered agon, or both in the agent. I am familiar with and accept the **SIGNATURE** ored agent and little if applicable (NOTE Registered Agent signature required when re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 RS AND DIRECTORS 12. 13. PSTD DELETE Change TITLE 1.1 TITLE P57 D GLASS, STACY NAME 1.2 NAME GLASS, STACY 398 S.E. M. 2NER Blud. # 1920 BOCA Raton, FL 33432 5787 WATERFORD STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33496** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NÂME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIF DELETE Addition 5.1 TOLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP 14. Thereby 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 of the receiver or trislee 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 for on an attrichment with an address.

STREET ADDRESS