


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

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Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90039 027 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P97000063143</b> 1. Corporation Name <b>AXIOM INDUSTRIES, INC.</b>			
Principal Place of Business <b>398 SE MIZNER BLVD #1920 BOCA RATON FL 33432 US</b>		Mailing Address <b>5787 WATERFORD BOCA RATON FL 33496</b>	
2. Principal Place of Business 21 <b>4283 NW 60th Drive</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>4283 NW 60th Drive</b> Suite, Apt. #, etc. 27	
City & State 23 <b>Boca Raton, FL</b> Zip Country 24 <b>33496</b> 25 <b>US</b>		City & State 28 <b>Boca Raton, FL</b> Zip Country 29 <b>33496</b> 30 <b>US</b>	
9. Name and Address of Current Registered Agent <b>GLASS, STACY 398 SE MIZNER BLVD #1920 BOCA RATON FL 33432</b>		10. Name and Address of New Registered Agent 81 Name <b>GLASS STACY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4283 N.W. 60TH DRIVE</b> 83 84 City <b>BOCA RATON</b> FL 85 Zip Code <b>33496</b>	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PSTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLASS, STACY</b>	1.2 NAME	<b>GLASS, STACY</b>
STREET ADDRESS	<b>398 SE MIZNER BLVD #1920</b>	1.3 STREET ADDRESS	<b>4283 NW 60TH DRIVE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	1.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>
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	

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/99  
Date

561 999-0806  
Daytime Phone #

CR2E034 (11/98)