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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700063143

1. Corporation Name

AXIOM INDUSTRIES. INC.

Principal Place of Business Mailing Addres	s	- I (MONTOOL SID 10) IN 1000) OBSII OBSII OBIIS BDISA	OTTEN TRIAL TINIT OTTON 11911 1901
398 SE MIZNER BLVD 5787 WATERFOR	RD.		
#1920 BOCA RATON F	L 33496		
BOCA RATON FL 33432		DO NOT WRITE IN THIS	SPACE
us		 Date Incorporated or Qualified 07/21/1997 	}
Principal Place of Business 2a, Mailing Add	roop.	4. FEI Number	Applied For
21 4283 NW GOTH Drive 26 4283			Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #			\$8.75 Additional
22		5. Certifcate of Status Desired	Fee Required
City & State City & State	, 0 , =	6. Election Campaign Financing	\$5.00 May Be
23 Boca Chaton, FL 28 Boca	-CKaton, FL	Trust Fund Contribution	Added to Fees
Zip Country Zip	Country	8. This corporation owes the current year Int	
24 33496 25 US 29 3349	6 30 US	Personal Property Tax.	☐ Yes No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent
GLASS, STACY	81 Name	GLASS STACY	
308 SE MIZNED RI VID 82 Street Addr		ress (P.O. Box Number is Not Acceptable)	
#1920	4283	3 N.W. GOTH DRIVE	
BOCA RATON FL 33432	83		į
BOOM NATON 1 E 30402	84 City BO	Q	85 Zip Code
		CA WATON FL	133496
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Flor office or registered agent, or both, in the State of Florida. Such char 	rida Statutes, the above-named com noe was authorized by the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoil	changing its registered the changing its 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. 12. OFFICERS AND DIRECTORS	(NOTE: Registered Agent signature require		ID DUDECTORS IN 42
	DELETE 1.1 TITLE 10	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME GLASS, STACY		STD	
STREET ADDRESS 398 SE MIZNER BLVD #1920		LASS, STACY 283 NW GOTH DRIVE	
CITY-ST-ZIP BOCA RATON FL 33432		OCA RATON, FL 33496	
	DELETE 2.1 TITLE	DEN WATON, FE 35710	Change Addition
NAME	2.2 NAME		
1	2.3 STREET ADDRESS		j
STREET ADDRESS	2.4 CITY-ST-ZIP		[
CITY-ST-ZIP	DELETE 3.1 TITLE		☐ Change ☐ Addition
NAME	3 2 NAME	•	
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4. CITY-ST-ZIP		
	DELETE 4.1 TITLE		Change Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
	DELETE 5.1 TITLE		☐ Change ☐ Addition
			Citalinge Civorinous
NAME }	5.2 NAME		Citange Addition
STREET ADDRESS	5.2 NAME 5.3 STREET ADDRESS		Change D Addition
STREET ADDRESS			Change D Addition
STREET ADDRESS CITY-ST-ZIP	5.3 STREET ADDRESS		Change Addition
STREET ADDRESS CITY-ST-ZIP	5.3 STREET ADDRESS : 5.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE	5.3 STREET ADDRESS		

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, with all other like empowered.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR