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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000018905

1. Corporation Name

| AXXESS MARKETING & PRODUCT D | EVELOPMENT, INC. | • | | | | | | |
|--|---------------------|--|---|-------------------------------------|--|----------------|------------------------|--|
| Principal Place of Business | Mailing Address | | | | L HONGELOOME HER ENGLE HOUSE ENGER ONE IN | | ABIAT DESERT BEIL FORT | |
| 709 LIGHTHOUSE DRIVE 709 LIGHTHOUSE DRIVE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | T | 3. Date Incorporated or Qualifed | | | |
| | | | | | 02/26/1998 | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | | 4. FEI Number | | Applied For | |
| 21 | 26 | | | | 59-3554437 | · | Not Applicable | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | ***** | | 5. Certifcate of Status Desired | □ \$8.7 | 5 Additional | |
| 22 | 27 | | | | 5. Certificate of Status Desired | Fee | Required | |
| City & State | City & State | | | | 6. Election Campaign Financing | □ \$5.0 | 00 May Be | |
| 23 | | | | | Trust Fund Contribution | Add: | ed to Fees | |
| Zip Country | Zip | ntry | | 8. This corporation owes the curren | it year Intangible | | | |
| 24 25 | 29 | 29 30 | | | Personal Property Tax. | □Yes | 2010 0 | |
| 9. Name and Address of Current | Registered Agent | | | 1 | Name and Address of New Re | gistered Agent | | |
| 1440 01100 | | | 81 Name | | | | | |
| KIKIS, CHRIS | | | 82 Street | Address | (P.O. Box Number is Not Acceptable | le) | | |
| 709 LIGHTHOUSE DRIVE | | | | | | ···· | | |
| TARPON SPRINGS FL 34689 | | | 83 | | | | | |
| , | | | 84 City | | | 85 2 | Zip Code | |
| | | | , | | | FL!! | · (| |
| 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) | | | | | | | | |
| 12. OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFIC | CERS AND DIREC | CTORS IN 12 | |
| TITLE DP | ☐ DELETE | 1.1 111 | TLE | | | Chan | ige 🗌 Addition | |
| NAME KIKIS, CHRIS T | | 1.2 NA | ME | | | | | |
| TOO LICE TO LOT DON'T | | 1257 | | | | | | |
| CITY-ST-ZIP TARPON SPRINGS FL 34689 | | 1.3 31 | REET ADDRESS | - | | | | |
| TITLE DVP | | 4 | TY-ST-ZIP | | | | | |
| EDIFOEDS VEVIN I | [] DELETE | 4 | TY-ST-ZIP | | | ☐ Chan | nge | |
| - NAME - PRIEDERS, KEVIN-J | ☐ DELETE | 1.4 CF | TY-ST-ZIP TLE | | | ☐ Chan | ge | |
| STREET ADDRESS 709 LIGHTHOUSE DRIVE | | 1.4 CF 2.1 TH - 2.2 NA | TY-ST-ZIP TLE | - | | ☐ Chan | ge Addition | |
| STREET ADDRESS 709 LIGHTHOUSE DRIVE | | 1.4 CF 2.1 TH - 2.2 NA 2.3 ST | TY-ST-ZIP TLE AME | _ | | ☐ Chan | ige Addition | |
| | | 1.4 CF 2.1 TH - 2.2 NA 2.3 ST | TY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP | | | ☐ Chan | | |
| STREET ADDRESS 709 LIGHTHOUSE DRIVE TARPON SPRINGS FL 34689 | | 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF | TY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE | | | | | |
| STREET ADDRESS 709 LIGHTHOUSE DRIVE TARPON SPRINGS FL 34689 | | 1.4 CF 2.1 TIT 2.2 NA 2.3 ST 2.4 CF 3.1 TIT 3.2 NA | TY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE | | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 709 LIGHTHOUSE DRIVE TARPON SPRINGS FL 34689 | | 1.4 CF 2.1 TH - 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST | TY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE | | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME 709 LIGHTHOUSE DRIVE TARPON SPRINGS FL 34689 | | 1.4 CF 2.1 TH - 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST | TY-ST-ZIP TLE MME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP | | | | nge | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 709 LIGHTHOUSE DRIVE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 | ☐ DELETE | 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4 CF | TY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP | - | | ☐ Chan | nge | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 709 LIGHTHOUSE DRIVE TARPON SPRINGS FL 34689 | ☐ DELETE | 14 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4 CF 4.1 TH 4.2 N | TY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP | - | | ☐ Chan | nge | |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | ☐ DELETE | 1.4 CT 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NV 4.3 ST 4.4 CI 4.4 CI 1.4 CI | TY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE | | | ☐ Chan | ige Addition | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME | ☐ DELETE | 1.4 CT 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NV 4.3 ST 4.4 CI 5.1 TII 5.2 NA | TY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE | | | ☐ Chan | ige Addition | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | ☐ DELETE | 1.4 CT 2.1 TII - 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NV 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST | TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME | | | ☐ Chan | ige Addition | |

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, on on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 1

NAME

STREET ADDRESS

CITY-ST-ZIP

TOWNS TO