

FROM : SWART BAUMRUK & CO., LLP

FAX NO. : 407 847 6641

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90950 044 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001224

1. Entity Name

AXXUSS, INC.

Principal Place of Business

Mailing Address

1101 PLATT BOULEVARD
MYRTLE BEACH SC 29575

1101 PLATT BOULEVARD
MYRTLE BEACH SC 29575-5123

A3060970

2. Principal Place of Business

3. Mailing Address

117 East Oak Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Kissimmee, FL

4. FEI Number

58-2448629

Applied For

Not Applicable

Zip

Country

Zip

Country

34744

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name
Harry J. Swart, CPA

Street Address (P.O. Box Number is Not Acceptable)

117 East Oak Street

City
Kissimmee

FL

Zip Code
34744

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLUMLEY, BLAKELY K	NAME	
STREET ADDRESS	2150 NORTH BERWICK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MYRTLE BEACH SC 29575	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLUMLEY, JULIE N	NAME	
STREET ADDRESS	2150 NORTH BERWICK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MYRTLE BEACH SC 29575	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 prepare this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with, or otherwise empowered.

SIGNATURE:

Blakely K Plumley

Signature and Title or Printed Name of Signing Officer or Director

4/28/2000 843-602-6948

Date

Telephone #