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Jul 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S28754

1. Corporation Name
AXSA BUSINESS SYSTEMS INC.

Principal Place of Business / Mailing Address
2042 NORTH FORSYTH ROAD
SUITE E
ORLANDO, FLORIDA 32807

3. Date Incorporated or Qualified: 2/1/91
3a. Date of Last Report: 12/31/96

2. Principal Place of Business
21 2042 NORTH FORSYTH RD
22 Suite, Apt. #, etc. SUITE E
23 City & State ORLANDO FLORIDA
24 Zip 32807 25 Country USA

2a. Mailing Address
26 2042 NORTH FORSYTH RD.
27 Suite, Apt. #, etc. E
28 City & State ORLANDO, FLORIDA
29 Zip 32807 30 Country USA

4. FEI Number: 59 305 6805 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
JOHN F. GARVEY
550 NO. REO ST.
TAMPA, FL. 33609

10. Name and Address of New Registered Agent
81 Name CHARLES F. MILLER
82 Street Address (P.O. Box Number is Not Acceptable) 700 WILD FLOWER ST.
83
84 City MERRITT ISLAND FL 85 Zip Code 32953

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 Charles F. Miller CHARLES F. MILLER PRESIDENT 7/18/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT CHARLES F. MILLER 8010 WOODLAND CTR. BLVD TAMPA, FL 33614	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT CHARLES F. MILLER 700 WILD FLOWER ST. MERRITT ISLAND FL. 32953	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JOHN F. GARVEY 8010 WOODLAND CTR. BLVD TAMPA, FL. 33614	☑ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	600002246186 -07/24/97--01009--012 ***550.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	7-23 JP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Charles F. Miller CHARLES F. MILLER PRESIDENT 7/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #