Feb 09, 1999 8:00 am Secretary of State

02-09-1999 90035 021 \*\*\*150.00

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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # S28754

	AXSA BI	usiness systems	S, INC.								
10	1.	e of Business	Mai	iling Address						<b>     </b>	
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US			US					3. Date Incorporated or	Qualifed		
- :								01/31/1991			•
2.	Principal P	lace of Business	2a.	Mailing Address				4. FEI Number	<del></del>	Ap	plied For
21		•	26					59-3056805		No	t Applicable
22	Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status D	esired	<b>\$8.75</b> A	
	City & Stat	te		City & State				6. Election Campaign Fi	nancing _	\$5.00	May Be
23			28					Trust Fund Contribution		Added t	
	Zip	Country		Zip	Count	try		8. This corporation owes		Intangible	
24		25	29		30			Personal Property Ta:	x. ,	Yes	□No
	1	9. Name and Address	s of Current Registe	ered Agent				10. Name and Address	of New Registere	d Agent	
iii	i,				8	31 Nam	е	•	,		
MILLER, CHARLES F				82 Street			et Addres	ss (P.O. Box Number is No	t Accentable)		
700 WILD FLOWER ST.				62 Street Addit			31 F 144 1 0 0	ess (P.O. Box Number is Not Acceptable)			
i	MER	RRITT ISLAND FL 32953	3		8	33			1967年開發		
1	#.				-	34 City		* * * * * * * * * * * * * * * * * * *	Tage to the	85 Zip 0	oda ***
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11	"Pursuant	to the provisions of Section	ns 607.0502 and 60	7.1508, Florida Stat	utes, the abo	ove-name	ed corpor	ation submits this statemer	nt for the purpose	of changing its	registered
	office or r	registered agent, or both, in Im familiar with, and accept	n the State of Florida it the obligations of, :	a. Such change was	authorized b	by the col	rporation	's board of directors. I here	by accept the app	ointment as re	gistered
ei.	'agent. I a	registered agent, or both, ir im familiar with, and accept	n the State of Florida It the obligations of, :	a. Such change was	authorized b	by the col	rporation	's board of directors. I here	eby accept the app	ointment as re	gistered
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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 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 in 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 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 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 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 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 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 supplied with the information supplied wi

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITIY-ST-ZIP