

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

FILED
Apr 21 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 # *545 944*
 1. Corporation Name
AIXIS SUPPORT SYSTEMS

| | |
|---|---|
| Principal Place of Business 7502 NW 40 ST Coral Springs, FL 33065 | Mailing Address 2401 Jamestown Commons Hillsborough, NJ 08876 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 4-24-91 | 3a. Date of Last Report |
| 4. FEI Number 45-0247607 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | 2a. Mailing Address 21 Suite, Apt. #, etc. 27 City & State 28 Zip Country |
|---|--|

9. Name and Address of Current Registered Agent
Thomas H. Lehrer
Penthouse Office Suite
One East Broward Boulevard
Fort Lauderdale FL 33301

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | Elizabeth A. Blazejewski |
| STREET ADDRESS | 7502 NW 40 ST |
| CITY-ST-ZIP | Coral Springs FL 33065 |
| TITLE | VP <input type="checkbox"/> DELETE |
| NAME | Frank R. Blazejewski |
| STREET ADDRESS | 7502 NW 40 ST |
| CITY-ST-ZIP | Coral Springs FL 33065 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| |
|--|
| 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME |
| 13 STREET ADDRESS |
| 14 CITY-ST-ZIP |
| 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME |
| 23 STREET ADDRESS |
| 24 CITY-ST-ZIP |
| 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME |
| 33 STREET ADDRESS |
| 34 CITY-ST-ZIP |
| 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME |
| 43 STREET ADDRESS |
| 44 CITY-ST-ZIP |
| 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME |
| 53 STREET ADDRESS |
| 54 CITY-ST-ZIP |
| 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME |
| 63 STREET ADDRESS |
| 64 CITY-ST-ZIP |

100002150201 Change Addition
-04/22/97--01020--054
*****165.00**

RW
4-21-97

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: *Sandra B. Mortham*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **4-13-97** Daytime Phone # **908-904-1326**

CR2E034 (9/96)