


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

FILED
Jul 16, 1999 8:00 am
Secretary of State

07-16-1999 90010 037 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S59835

1. Corporation Name
ANEXUM, INC.

Principal Place of Business
647 FRANJO RD
MIAMI FL 33189
US

Mailing Address
PO BOX 700306
MIAMI FL 33170-0306
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 19510 BEL AIRE DR Suite, Apt. #, etc.		2a. Mailing Address 26 19510 BEL AIRE DR Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/14/1991	
22 City & State 23 MIAMI, FL Zip 24 33157		27 City & State 28 MIAMI, FL Zip 29 33157		4. FEI Number 59-3066480 Applied For Not Applicable	
25 US		30 US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HARRIS, BRYAN 8647 FRANJO RD MIAMI FL 33189		10. Name and Address of New Registered Agent 81 Name BRYAN HARRIS 82 Street Address (P.O. Box Number is Not Acceptable) 19510 BEL AIRE DR 83 84 City MIAMI, FL 33157 85 Zip Code FL	
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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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	BUTLER, SHELLEY	1.2 NAME	SHELLEY BUTLER
STREET ADDRESS	7154 DEERSVILLE AVE EXT	1.3 STREET ADDRESS	9405 DOVER RD
CITY-ST-ZIP	UHRICHVILLE OH	1.4 CITY-ST-ZIP	APPLECREEK, OH 44606
TITLE	DP	2.1 TITLE	DP
NAME	HARRIS, BRYAN	2.2 NAME	BRYAN HARRIS
STREET ADDRESS	8647 FRANJO RD	2.3 STREET ADDRESS	19510 BEL AIRE DR
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VP	3.1 TITLE	
NAME	TRACY, DENNIS	3.2 NAME	
STREET ADDRESS	9820 SW 194 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE:

BRYAN HARRIS

1-13-99

305 253-1463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0274564