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SLINBISE FL 33345

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S99271 1. Corporation Name

Principal Place of Business

4618 HIATUS RD

CHINDISE EL 22251

AXESS BEARING CORP.

US					DO NOT WRIT	E IN THIS SPACE		
00					3. Date Incorporated or Qualifed			
					12/09/1991			
2 Principal F	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
21		26	-		65-0300651	. N	ot Applicable	
Suite, Apt	# etc	Suite, Apt. #, etc.				\$8.75	Additional	
		——————————————————————————————————————	27		5. Certifcate of Status Desired	Fee R	equired	
City & Sta	ato.	City & State			6. Election Campaign Financing	_ \$5.00	May Be	
	ue .	28			Trust Fund Contribution	1 7	to Fees	
Zip	Country	Zip	Country		8. This corporation owes the curre	ent vear Intangible		
_		_ <u>_</u> _	_ <i>'</i>		Personal Property Tax.	Yes	□No	
24 25 29 29 9. Name and Address of Current Registered Agent		"	10. Name and Address of New Registered Agent					
	9. Haille and Address of Od	TIPIN Nagistered rigent	81	Name				
MOI	rrison, steven s.					· · · · · · · · · · · · · · · · · · ·		
	8 HIATUS ROAD		82		Street Address (P.O. Box Number is Not Acceptable)			
	NRISE FL 33345		83		500 E.S. 1889 (\$100)	F (2) 1 4 (3) 10 3 3 (4)	512 1 4 21 1751	
JUI	THOSE I E GOOTS		83			自治學自己 化	制制器	
			84	City		85 Zip	Code	
11. Pursuani	t to the provisions of Sections 607	.0502 and 607.1508, Florida Statutes	, the above	e-named corporation	oration submits this statement for the on's board of directors: I hereby accept	purpose of changing it it the appointment as r	s registered edistered	
	redistered agent, or both, in the 5	tate of Florida. Such change was auc	HUHZEU DY	The corporation	113 Dogio of directors: 1 licidaly decop			
agent I	am familiar with, and accept the of	bligations of, Section 607.0505, Florid	la Statutes.			(
agent. I	am familiar with, and accept the of	bligations of, Section 607.0505, Florid	la Statutes.	ه محاجب	and the second of the second o	{	20.00	
agent. I	am familiar with, and accept the of	bligations of, Section 607.0505, Florid	ia Statutes. 	د بیر	d when reinstating)	DATE	, and other .	
agent. I	am familiar with, and accept the ob-	bligations of, Section 607.0505, Florid	ia Statutes. 	د بیر	ADDITIONS/CHANGES TO OF	FICERS AND DIRECT		
agent. I	am familiar with, and accept the ob-	d agent and title if applicable. (NOTE: R	 egistered Agen	د بیر	ADDITIONS/CHANGES TO OF			
agent. I a	am familiar with, and accept the of Signature, typed or printed name of registere OFFICERS	d agent and title if applicable. (NOTE: R	egistered Agen	د بیر		FICERS AND DIRECT		
agent. I : SIGNATURE 12. TITLE NAME	am familiar with, and accept the of Signature, typed or printed name of registere OFFICERS P MORRISON, STEVEN S	d agent and title if applicable. (NOTE: R	egistered Agen 13. 1.1 TITLE	nt signature required	ADDITIONS/CHANGES TO OF	FICERS AND DIRECT		
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	am familiar with, and accept the of Signature, typed or printed name of registere OFFICERS P MORRISON, STEVEN S 10306 NW 53RD COURT	d agent and title if applicable. (NOTE: R	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature required	ADDITIONS/CHANGES TO OF	FICERS AND DIRECT		
agent. I : SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	am familiar with, and accept the of Signature, typed or printed name of registere OFFICERS P MORRISON, STEVEN S 10306 NW 53RD COURT CORAL SPRINGS FL	d agent and title if applicable. (NOTE: R	egistered Agen 13. 1.1 TITLE 1.2 NAME	nt signature required	ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	Addition	
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bees not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information t is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the informati-indicated on this annual report or officer or director of the corporal Block 12 or Block 13 if change in

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

954-746-7360

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90016 019 ***150.00