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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 07 1997 8:00am  
Secretary of State

DOCUMENT # V05726

(7)

1. Corporation Name:  
A.X.J., INC.



Principal Place of Business

Mailing Address

7033 VERDE WAY  
NAPLES FL 34103  
US

7033 VERDE WAY  
NAPLES FL 34103-6516  
US

2. Principal Place of Business

2a. Mailing Address

21 26210 MIRA WAY  
Suite, Apt. #, etc.

26 SAME  
Suite, Apt. #, etc.

22

27

City & State

City & State

23 BONITA SPRINGS FL  
Zip Country

28  
Zip Country

24 34134

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUBINTON, JON  
7033 VERDE WAY  
NAPLES FL 34103

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

26210 MIRA WAY

83

84 City

BONITA SPRINGS

FL

85

Zip Code  
34134

11. Pursuant to the provisions of Sections 607.0512 and 607.1608, Florida Statutes, I, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of President or other officer or registered agent, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME RUBINTON, GEORGE  
STREET ADDRESS 596 TIERRA MAR LN  
CITY- ST- ZIP NAPLES FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE D  
NAME RUBINTON, JON  
STREET ADDRESS 598 BAY VILLAS LN  
CITY- ST- ZIP NAPLES FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 26210 MIRA WAY  
2.4 CITY- ST- ZIP BONITA SPRINGS FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Rubinton

2/20/97

941-447-7881

CR2E034 (9/96)