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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DO 1. Coi

(9)

## **FILED** Jan 24 1997 8:00am Secretary of State

Corporation Name	# V12467
THE AXMINSTER	CORPORATION

Principal Place of Business  1 SE 3RD AVE 27TH FLOOR MIAMI FL 33131		1 SE 3RD A 27TH FLOO	Mailing Address  1 SE 3RD AVE 27TH FLOOR MIAMI FL 33131-1716		( 160% 21121 11212 VAN 21212 21111 1522				
						3. Date Incorporated or Qualified 02/07/1992	3a, Date of Last 05/01/1996		
2. Principal Pl	aco of Busniess	2a. Mailing 26	Address			4. FEI Number NOT APPLICABLE	<del></del>	Applied For Not Applicable	
Suite Apt.	#. etc	· · · · · · · · · · · · · · · · · · ·	pt. #, etc.			5. Certificate of Status Desired	<b>□ \$8.75</b>	Additional Required	
City & State	9	City & S	State			6. Election Campaign Financing	\$5.0	O May Be	
<b>23</b> Ζφ	Country	<b>28</b>		Country	/	Trust Fund Contribution  8. This corporation has liability for		d to Fees r s. 199.032,	
24	25   9. Name and Address o	29 29 Current Registered Ac		30		Florida Statutes 10. Name and Address of New Re			
AME	RICAN INFORMATION SI			B1	Name	10, Italia and Radiogo Of How the	Anatorea vitarit		
	: 3RD AVE	1111010 1110.		-					
	1 FLOOR	•		82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)		
MIAN	VI FL 33131			83			***************************************		
				84	City		as 7:	p Code	
				64	City		FL  85   Zi	p Code	
office or n	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept t	ne State of Florida, Such	change was a	uthorized b	y the corpora	poration submits this statement for the tition's board of directors. I hereby acce	purpose of changing pt the appointment a	j its registered as registered	
SIGNATURE	Stocators Typed to postero care of no	ish reckacient and fille diamostable	: (NOTE	Registered Ad	ent signature requi	red when reinstating)	DATE		
12.		ERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI		ORS IN 12	
101.6	D		DELETE	1 1 TITLE			Change		
NAME	RODDENBERRY, STEPI	ien K.		12 NAME					
STREET ADDRESS	1 SE 3RD AVE			1 3 STREE	ADDRESS			:	
CHTY ST-ZIP	MIAMI FL 33131			14 CITY-	ST-ZIP				
TOTALE			DELETE	2 1 TITLE			☐ Change	e L Addition	
NAME				22 NAME	}				
STREET ADDRESS					ADDRESS	* * * * * * * * * * * * * * * * * * *			
CHTY-ST-ZHP THILE			DELETE	2 4 CITY-	ST-ZIP		Change	e Addition	
NAME			bttcit	3 2 NAME			[_] Change	3 L Addition	
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP				3.5 STREE	1				
TITLE			DELETE	4.1 TITLE	31-211		☐ Change	e	
NAME				4. 2 NAME		•			
S7REEL ADDRESS				43 STREE	ADDRESS				
CHTY - S1 - ZIP				44 CITY-	ST-ZIP				
TITLE		The second secon	DELETE	5.1 TITLE			☐ Change	e Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	T ADDRESS				
CITY - ST - ZiP				54 CITY-	ST-ZIP				
TifuE			DELETE	6 1 TITLE			Change	e Addition	
NAME				6.2 NAME					
STREET ADDRESS				6 3 STREE	T ADDRESS				
CITY - ST - ZIP	L			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.

Daytime Phone #