

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
 Aug 13 1998 8:00am
 Secretary of State

DOCUMENT # N98000000006 (2)

1. Corporation Name

ASON INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

886 N JERICO DRIVE
 CASSELBERRY FL 32707

886 N JERICO DRIVE
 CASSELBERRY FL 32707

3. Date Incorporated or Qualified

12/31/1997

4. FEI Number

59-3484464

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2880 N. Wickham Rd

26 2880 N. Wickham Rd

22 Suite, Apt. #, etc.
 #1511

27 Suite, Apt. #, etc.
 #1511

23 City & State
 Melbourne FL

28 City & State
 Melbourne FL

24 Zip
 32935

25 Country
 USA

29 Zip
 32935

30 Country
 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

ABRAMSON, ELLEN
 886 N JERICO DRIVE
 CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name Ellen Abramson
 82 Street Address (P.O. Box Number is Not Acceptable) 2880 N Wickham Rd #1511
 83
 84 City Melbourne FL 85 Zip Code 32935

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Ellen J. Abramson President

8-4-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|----------------------|----------------------|---------------------------------|--------------------------|
| D | ABRAMSON, ELLEN | 886 N JERICO DRIVE | CASSELBERRY FL 32707 | <input type="checkbox"/> |
| D | ERIKSEN, WALTER A JR | 9624 LAKE DOUGLAS PL | ORLANDO FL 32817-2630 | <input type="checkbox"/> |
| D | HOY, JEFFREY | 524 LACOSTA CT | MELBOURNE FL 32940-1916 | <input type="checkbox"/> |
| D | ALLEN, JOHN | 1707 PARKSIDE DR | INDIAN HARBOR BCH FL 32937-1807 | <input type="checkbox"/> |
| D | KOHLER, LISA | 1706 KATHERYN AVE | TALLAHASSEE FL 32308 | <input type="checkbox"/> |
| D | OTULAKOWSKI, DEB | 6319 KELLY RD | CASS CITY MI 48726-9357 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ellen J. Abramson

8-3-98

407-757-7252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)