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04-30-1999 90024 043 ****70.00

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000000006

1. Corporation Name
ASON INTERNATIONAL, INC.

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 454580 - 90024 - 43

Principal Place of Business
**2880 N WICKHAM RD
 #1511
 MELBOURNE FL 32935
 US**

Mailing Address
**2880 N WICKHAM RD
 #1511
 MELBOURNE FL 32935
 US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3120 Cedar Bay Dr.		26 3120 Cedar Bay Dr.		12/31/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3484464	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Melbourne, FL		28 Melbourne, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24 32934		29 32934		30 US	
Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ABRAMSON, ELLEN 2880 N WICKHAM RD #1511 MELBOURNE FL 32935				81 Name Abramson, Ellen			
				82 Street Address (P.O. Box Number is Not Acceptable) 3120 Cedar Bay Dr.			
				83			
				84 City Melbourne		85 State FL	

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* **Ellen J. Abramson President 4-15-99** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMSON, ELLEN	1.2 NAME	Abramson, Ellen
STREET ADDRESS	886 N JERICO DRIVE	1.3 STREET ADDRESS	3120 Cedar Bay Dr.
CITY-ST-ZIP	CASSELBERRY FL 32707	1.4 CITY-ST-ZIP	Melbourne, FL 32934
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	S, O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIKSEN, WALTER A JR	2.2 NAME	
STREET ADDRESS	9624 LAKE DOUGLAS PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817-2630	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOY, JEFFREY	3.2 NAME	
STREET ADDRESS	524 LACOSTA CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940-1916	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JOHN	4.2 NAME	
STREET ADDRESS	1707 PARKSIDE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOR BCH FL 32937-1807	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T, O <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOHLER, LISA	5.2 NAME	Laura Zirbel
STREET ADDRESS	1705 KATHERYN AVE	5.3 STREET ADDRESS	1900 Howell Branch Rd #5
CITY-ST-ZIP	TALLAHASSEE FL 32308	5.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTULAKOWSKI, DEB	6.2 NAME	
STREET ADDRESS	6313 KELLY RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CASS CITY MI 48726-9357	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 617, 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: *Ellen J. Abramson* **Ellen J. Abramson 4-15-99 467-757-7252** DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)