

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

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DOCUMENT # **P31526** (7)

1. Corporation Name:
NONYX, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **17197 NORTH LAUREL PARK LIVONIA MI 48152**
Mailing Address: **17197 NORTH LAUREL PARK LIVONIA MI 48152**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/25/1990**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

4. FEI Number: **33-0198373**
Applied For: Not Applicable:

State: **22** City & State: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23** City & State: **28**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
Trust Fund Contribution:

Age: **24** **25** **29** **30**

7. Has corporation this entity or franchise been subject to reorganization under Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GANGEMI, JOHN
1904 N.W. 84TH AVENUE
MIAMI FL 33126**

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or transferred 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 hereby accept the obligations of this transfer of such Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGED OFFICERS AND DIRECTORS IN 1995	
OFF	PD BREAKIE, RICHARD 17197 NORTH LAUREL PARK LIVONIA MI	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFF	V SMITH, JOSEPH 17197 NORTH LAUREL PARK LIVONIA MI	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFF	VST SHEA, THOMA J. 17197 NORTH LAUREL PARK LIVONIA MI	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFF	V MAXSON, BEN 17197 NORTH LAUREL PARK LIVONIA MI	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFF	D HENRY, AL 9191 TOWNE CENTER DR SAN DIEGO CA	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFF	D KAPLAN, SAMUEL 2901 OCEAN PARK BLVD SANTA MONICA CA	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this report is accurately furnished and does not qualify for this exemption stated in Section 607.01, 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. This form is an affidavit on the part of the corporation or the officer or officers empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attached name and address.

SIGNATURE: *Thomas J Shea*
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/27/95 313 461 9290