

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

FILED

**Sep 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P31526 (7)

1. Corporation Name
IVONYX, INC.



Principal Place of Business 17197 NORTH LAUREL PARK LIVONIA MI 48152	Mailing Address 17197 NORTH LAUREL PARK LIVONIA MI 48152-2680
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3. Date Incorporated or Qualified 10/25/1990	3a. Date of Last Report 10/21/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

4. FEI Number 33-0198373	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOWLE, GARY
1904 N.W. 84TH AVENUE
MIAMI FL 33126**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BREAKIE, RICHARD	
STREET ADDRESS	17197 NORTH LAUREL PARK	
CITY-ST-ZIP	LIVONIA MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, JOSEPH	
STREET ADDRESS	17197 NORTH LAUREL PARK	
CITY-ST-ZIP	LIVONIA MI	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	LINTREDT, CURTIS	
STREET ADDRESS	17197 NORTH LAUREL PARK	
CITY-ST-ZIP	LIVONIA MI 48152	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAXSON, BEN	
STREET ADDRESS	17197 NORTH LAUREL PARK	
CITY-ST-ZIP	LIVONIA MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENRY, AL	
STREET ADDRESS	9191 TOWNE CENTER DR	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAPLAN, SAMUEL	
STREET ADDRESS	2901 OCEAN PARK BLVD	
CITY-ST-ZIP	SANTA MONICA CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LINTVEDT, CURTIS
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Handwritten Signature]* DATE: *8/29/97*

CR2E034 (9/96)