

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 17852 NORTH LAUREL PARK	2a. Mailing Address 26 17852 NORTH LAUREL PARK	4. FEI Number 33-0198373	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 210C	Suite, Apt. #, etc. 27 210C	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 LIVONIA MI	City & State 28 LIVONIA MI	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 48152	Country 25 WAYNE	Zip 29 48152	Country 30 WAYNE

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE BREAKIE, RICHARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 17197 NORTH LAUREL PARK LIVONIA MI		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS 17852 NORTH LAUREL PARK	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE SMITH, JOSEPH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 17197 NORTH LAUREL PARK LIVONIA MI		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS 17852 NORTH LAUREL PARK	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE VST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VICE PRESIDENT & CFO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LINTVEDT, CURTIS		3.2 NAME PETER MOLLOY	
STREET ADDRESS 17197 NORTH LAUREL PARK LIVONIA MI		3.3 STREET ADDRESS 17852 N. LAUREL PARK DR LIVONIA, MI 48152	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE MAXSON, BEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 17197 NORTH LAUREL PARK LIVONIA MI		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS 17852 NORTH LAUREL PARK	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE HENRY, AL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 9191 TOWNE CENTER DR SAN DIEGO CA		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE KAPLAN, SAMUEL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 2901 OCEAN PARK BLVD SANTA MONICA CA		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* President *[Signature]* Richard Breakie

CR2E034 (10/97)