

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90072 043 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P31526

1. Corporation Name  
**IVONYX, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 17852 N LAUREL PARK, 210C, LIVONIA MI 48152, US  
 Mailing Address: 17852 N LAUREL PARK, 210C, LIVONIA MI 48152, US

3. Date Incorporated or Qualified: 10/25/1990  
 4. FEI Number: 33-0198373  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business (21-23) and Mailing Address (2a-29) details including Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85)  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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 checked="" type="checkbox"/> DELETE
NAME	BREAKIE, RICHARD
STREET ADDRESS	17852 N LAUREL PARK
CITY-ST-ZIP	LIVONIA MI
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	SMITH, JOSEPH
STREET ADDRESS	17852 N LAUREL PARK
CITY-ST-ZIP	LIVONIA MI
TITLE	VPCF <input type="checkbox"/> DELETE
NAME	MOLLOY, PETER
STREET ADDRESS	17852 N LAUREL PARK DR
CITY-ST-ZIP	LIVONIA MI 48152
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	MAXSON, BEN
STREET ADDRESS	17852 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	PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 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, with all other like empowered.

SIGNATURE: *Peter Molloy* 4/15/99 (734)462-9290  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (11/98)