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May 03, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P94000084520

1. Corporation Name  
IDON GROUP CORPORATION

Principal Place of Business

11501 NE 11TH PLACE  
BISCAYNE PARK FL 33161  
US

Mailing Address

11501 NE 11TH PLACE  
BISCAYNE PARK FL 33161  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1994

4. FEI Number

65-8439168

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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 9950 E. BAY HARBOR DR

Suite, Apt. #, etc.

22 SUITE 1

City & State

23 MIAMI FL

Zip

24 33154

Country

25 U.S.

2a. Mailing Address

27 9950 E. BAY HARBOR DRIVE

Suite, Apt. #, etc.

28 SUITE 1

City & State

MIAMI FL

Zip

29 33154

Country

30 U.S.

9. Name and Address of Current Registered Agent

SCHOR, NATHAN  
11501 NE 11TH PLACE  
BISCAYNE PARK FL 33161

10. Name and Address of New Registered Agent

81 Name SCHOR, NATHAN  
82 Street Address, P.O. Box Number (if acceptable) 9950 E BAY HARBOR DRIVE  
83 SUITE 1  
84 City MIAMI FL 85 Zip Code 33154

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 Nathan Schor

4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P  DELETE

NAME SCHOR, NATHAN  
STREET ADDRESS 11501 NE 11TH PLACE  
CITY-ST-ZIP BISCAYNE PARK FL 33161

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  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:

Nathan Schor 4/26/99

305.866.9485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)