

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000086949 (2)

1. Corporation Name
IONA VENTURE CORPORATION



Principal Place of Business: **17499 MCGREGOR BLVD. FORT MYERS FL 33908**
Mailing Address: **17499 MCGREGOR BLVD. FORT MYERS FL 33908**

3. Date Incorporated or Qualified: **11/30/1994**
3a. Date of Last Report: **08/14/1995**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4.	FBI Number	Applied For
	65-0537071	<input type="checkbox"/> Not Applicable
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				10. Name and Address of New Registered Agent			
NAUMANN, MARK 17499 MCGREGOR BLVD. FORT MYERS FL 33908				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOT: Registered Agent signature required when restating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELLANS, LARRY	1.2 NAME	
STREET ADDRESS	15065 MCGREGOR BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNBAR, ELLEN	2.2 NAME	
STREET ADDRESS	16998 CAPTIVA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPTIVA FL 33924	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOLA, VANCE	3.2 NAME	
STREET ADDRESS	2417 WULFERT RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAUMANN, MARK	4.2 NAME	
STREET ADDRESS	17499 MCGREGOR BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, RICK W	5.2 NAME	
STREET ADDRESS	17499 MCGREGOR BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: **4-30-96** DAYTIME PHONE: _____

CR2E034 (12/95)