

Amended
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 371463

1. Entity Name
 THE FON CORP

Principal Place of Business 1477 OVERSEAS Highway MARATHON FL. 33050		Mailing Address c/o A. CITRON 1998 OVERSEAS Hwy MARATHON FL.	
2. Principal Place of Business 1477 OVERSEAS Highway Suite, Apt. #, etc.		3. Mailing Address c/o A. CITRON 1998 OVERSEAS Hwy Suite, Apt. #, etc.	
City & State MARATHON FL.	City & State MARATHON FL.	4. FEI Number 59-1305172	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33050	Country MONROE	Zip 33050	Country MONROE

6. Name and Address of Current Registered Agent
 FOTTA, RA
 1477 OVERSEAS Hwy
 MARATHON FL. 33050

7. Name and Address of New Registered Agent
 Name: Joseph A. SORA
 c/o ABE CITRON
 Street Address (P.O. Box Number is Not Acceptable): 1998 OVERSEAS Hwy
 City: MARATHON FL Zip Code: 33050

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 AUG 15 AM 12:16

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Joseph A. Sora* DATE: 7-15-01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
☐ Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST-D KERN MARK 1477 OVERSEAS Hwy MARATHON FL. 33050 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ABE CITRON 1998 OVERSEAS Hwy MARATHON FL. 33050 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. JOSEPH A. SORA 413 47th ST MARATHON FL. 33050 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004560634--6 -08/28/01--01095--023 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD <input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Joseph A. Sora* JP 7/15/01 305 872-4061

CR2E034 (1/00)