

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90072 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 260200

1. Corporation Name
AEON, INC.



Principal Place of Business 3201 WEST WATERS AVE TAMPA FL 33614 11315 Carrollwood EST DR TAMPA, FL. 33624	Mailing Address 3201 WEST WATERS AVE TAMPA FL 33614 11315 Carrollwood EST DR TAMPA, FL. 33624
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/21/1962	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	28. Suite, Apt. #, etc.	4. FEI Number 59-0977075	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election, Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
JAMES, GLENN 3201 W. WATERS AVE TAMPA FL 33614		B1. Name	JAMES GLENN James 11315 Carrollwood EST DR TAMPA, FL. 33624	
		B2. Street Address (P.O. Box Number is Not Acceptable)		
		B3. City	FL	B5. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, GLENN J	1.2 NAME	
STREET ADDRESS	3201 W. WATERS	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, KATHY A	2.2 NAME	
STREET ADDRESS	3201 W. WATERS	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenn James	3.2 NAME	
STREET ADDRESS	11315 Carrollwood EST DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL. 33624	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy James	4.2 NAME	
STREET ADDRESS	11315 Carrollwood EST DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL. 33624	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: _____ DATE: **3/26/99** DAYTIME PHONE #: **813-961-5968**

CR2E034 (11/98)