


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

FILED

Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 395471 (6)		
1. Corporation Name BYNOR CORPORATION		

Principal Place of Business 3069 AMWILER ROAD SUITE 9 ATLANTA GA 30360 US	3069 AMWILER ROAD SUITE 9 ATLANTA GA 30360-2825 US
---	---

2. Principal Place of Business 21 3051 S. ATLANTIC AVE Suite, Apt. #, etc. 22 1804 City & State 23 DAYTONA BEACH SHORES Zip 24 32118 Country 25 VOLUSIA	2a. Mailing Address 25 3051 S. ATLANTIC AVE Suite, Apt. #, etc. 27 1804 City & State 28 DAYTONA BEACH SHORES Zip 29 32118 Country 30 VOLUSIA
--	---

9. Name and Address of Current Registered Agent GILL ENO V 4393 RIDGEWOOD AVE. STE.5 PORT ORANGE FL 32019	10. Name and Address of New Registered Agent 81 Name MICHAEL BYRON 82 Street Address (P.O. Box Number is Not Acceptable) 3051 S. ATLANTIC AVE #1804 83 84 City DAYTONA BEACH SHORES 85 Zip Code FL 32118
--	---

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: *Michael M. Byron* DATE: 3/12/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS <input type="checkbox"/> DELETE	1.1 TITLE	PDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRON, MICHAEL M	1.2 NAME	BYRON, MICHAEL M
STREET ADDRESS	3635 MADRID CR.	1.3 STREET ADDRESS	3051 S. ATLANTIC AVE, #1804
CITY- ST- ZIP	NORCROSS GA	1.4 CITY- ST- ZIP	DAYTONA BEACH SHORES, FL
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

SIGNATURE: *Michael M. Byron* DATE: 1/16/97

CR2E034 (9/96)