FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **668382** (5)

1. Corporation Name
SEYON, INC.

Principal Place of Business
6901 W BROWARD BLVD. STE 206
PLANTATION FL 33317
US

Mailing Address
6901 W BROWARD BLVD. STE 206
PLANTATION FL 33317
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1980
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2016031 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under Ch. 199, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent
NOYES, JOHN C EA PRES
6901 W BROWARD BLVD, STE 206
PLANTATION FL 33317

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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: (Signature typed to protect name of registered agent and title if applicable) (REQUIRED - Registered Agent signature required when relocating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	[ ] Change [ ] Addition
NAME	NOYES, SANDEE	1.2 NAME	
STREET ADDRESS	801 NW 67 AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	[ ] Change [ ] Addition
NAME	NOYES, JOHN C	2.2 NAME	
STREET ADDRESS	801 NW 67 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	700001807507
TITLE		5.1 TITLE	-05/04/96--01003--~~002~~ 003 [ ] Change [ ] Addition
NAME		5.2 NAME	***200.00
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] 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: John C Noyes JOHN C NOYES 4-20-95 305-581-8625