

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR -4 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **698720** (0)
1. Corporation Name
AZBON DEVELOPERS, INC.

Principal Place of Business Mailing Address
1500 E ROBINSON ST ORLANDO FL 32801 **1500 E ROBINSON ST ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/13/1981	01/25/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2157146	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
BEN-ARI, EITAN
1500 E ROBINSON ST
ORLANDO FL 32801

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT	1. TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARANOWITZ, MORDCHAI	2. NAME	FRANKEL, MOTTI
STREET ADDRESS	1500 E ROBINSON ST	3. STREET ADDRESS	1500 E. ROBINSON ST.
CITY-ST-ZIP	ORLANDO FL	4. CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	VS	21. TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHMOND, DAVID	22. NAME	SPEK, JOAN L
STREET ADDRESS	1500 E ROBINSON ST	23. STREET ADDRESS	1500 E. ROBINSON ST
CITY-ST-ZIP	ORLANDO FL	24. CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	DVS	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEN-ARI, EITAN	32. NAME	
STREET ADDRESS	1500 E ROBINSON ST	33. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34. CITY-ST-ZIP	
TITLE	VP	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARON, ALLEN S.	42. NAME	
STREET ADDRESS	1500 E ROBINSON ST	43. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44. CITY-ST-ZIP	
TITLE	PD	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOROKA, EYTAN	52. NAME	
STREET ADDRESS	1500 E ROBINSON ST	53. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54. CITY-ST-ZIP	
TITLE	VP	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EITAN, SEGI	62. NAME	
STREET ADDRESS	1500 E ROBINSON ST	63. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	64. 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)(d), 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 as an attachment with an address.

SIGNATURE: *[Signature]* **DAVID RICHMOND** 1-26-95 (10) 817-9392
DATE: _____