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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90084 050 ***158.75

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 698720

1. Corporation Name
AZBON DEVELOPERS, INC.

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

Mailing Address
**1500 E ROBINSON ST
 ORLANDO FL 32801**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/13/1981

4. FEI Number
59-2157146

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent
**RICHMOND, DAVID
 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | DVT | <input type="checkbox"/> DELETE |
| NAME | BARANOWITZ, MORDCHAI | |
| STREET ADDRESS | 1500 E ROBINSON ST | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | RICHMOND, DAVID | |
| STREET ADDRESS | 1500 E ROBINSON ST | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | DVS | <input type="checkbox"/> DELETE |
| NAME | BEN-ARI, EITAN | |
| STREET ADDRESS | 1500 E ROBINSON ST | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | FRANKEL, MOTTI | |
| STREET ADDRESS | 1500 E ROBINSON ST | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SOROKA, EYTAN | |
| STREET ADDRESS | 1500 E ROBINSON ST | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | EITAN, SEGI | |
| STREET ADDRESS | 1500 E ROBINSON ST | |
| CITY-ST-ZIP | ORLANDO FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------|--|
| 1.1 TITLE | ASSISTANT SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | LINDA RICHMOND | |
| 1.3 STREET ADDRESS | 1500 E. ROBINSON ST | |
| 1.4 CITY-ST-ZIP | ORLANDO FL 32801 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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: David Richmond 1-13-99 (407) 897-6700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)