2001 UNIFORM BUSINESS REPORT (UBR)

DOGUMËNT # F32180

1. Entity Name

MYCON CORPORATION

Principal Place of Business
500 EAST BROWARD BLVD. SUITE 1950
FT LAUDERDALE FL 33394-0079

Suito, Apt. #, etc. Suito, Apt. #, etc. Suito, Apt. #, etc. DO NOT WAITE IN THIS SPACE City & State City & State 4. FEI Number 59-2121322 \$8.77. For Recommendation of the process of Current Registered Agent 7. Name and Address of New Registered Agent Name Nam								
SUITE #300 TI LAUDERDALE PL. 33394-0079 FI LAUDERDALE PL. 33309 US 2. Piricipal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Sip S. Name and Address of Current Registered Agent Proposed Place of Status Desired Soft Registered Agent Soft Registered Agent Reg	Principal Pla	ce of Business	Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE	UITE 1950		SUITE #200 FT. LAUDERDALE FL 33305	9				
City & State City & State Country Zip Country Zip Country Signature S	2. Principal Place of Business 3. Mailing Addres			s				
Zip Country Sp. Country S. Certificate of Status Desired \$8.77 For Re S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOYLE, CONRAD J. 500 E BROWARD BLVD \$2050 FT LAUDERDALE FL 33394 City FL Zig City	Suite, Apt	#, etc.	Suite, Apt. #, etc.		UII =1	DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent 80YLE, CONRAD J. 500 E BROWARD BLVD #2050 FT LAUDERDALE FL 33394 City FL Zin Street Address (P.O. Box Number is Not Acceptable) City FL Zin City FL Zin City FL Zin City FL Zin Signare hard entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signare hard or entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signare hard or entity submits this interngible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Signare Address of North Contribution. Signare Address of North Contribution	City & Sta	te	City & State	City & State		3576 16 1366		
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SIGNATURE 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signave, typed or primed name of registered agent and tills it applicable. P. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so. Make Check Payable to Department of State PD. RUNYAN, MICHAEL K. 970 W MCNAB RD #200 FT. LAUDERDALE FL SV RUNYAN, JULE SY RUNYAN, JULE SV RUNYAN, JULE SV RUNYAN, JULE SV RUNYAN, JULE SV RUNYAN, JULE STREET ADDRESS STREET A					Name			
B. The above named entity submits this statement for the purpose of changing its registered agent or both, in the State of Florida. Signature				-	Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SignATURE	FIL	AUDERDALE FL 33394						
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, tyred or printed name of registered agent and life if applicable. (NOTE Registered Agent signature required when reinstating) DATE					City	FL Zip Code		
Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State	SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOT	FE: Registered A	gent signature require	red when reinstating) DATE		
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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 report or supplied that 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Runyan, President 4/18/01 (954)974-9181

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90188 024 ***150.00