

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J53161 (2)

1. Corporation Name
BEON, INC.



Principal Place of Business

1328 COOPER DR
NAPLES FL 33940

Mailing Address

1328 COOPER DR
NAPLES FL 33940

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt., Etc.

26

Suite, Apt., Etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

BRACKETT, DOUGLAS
1328 COOPER DRIVE
SUITE 301
NAPLES FL 33940

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 607.0501 and 607.0503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent or the registered office

Signature of the person who is the registered agent or the registered office

DATE

12. OFFICERS AND DIRECTORS

12.	P	BRACKETT, DOUGLAS	[] DELETE
TITLE			
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			[] DELETE
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			[] DELETE
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			[] DELETE
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			[] DELETE
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	[] Change	[] Addition
1. TITLE		
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		[] Change [] Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		[] Change [] Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		[] Change [] Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		[] Change [] Addition
18. NAME		
19. STREET ADDRESS		
20. 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 is true and correct, and no supplemental annual report is being and authorized and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the partner or trustee, or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. Changes or corrections must be submitted with an annual filing.

SIGNATURE: Douglas D. Brackett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96 (941) 261-0953

CR2E034 (12/95)