

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10515 (5)
 1. Corporation Name
EZON, INC.



Principal Place of Business 1800 EXETER RD. P O BOX 381900 GERMANTOWN TN 38138	Mailing Address 1900 EXETER RD. P O BOX 381900 GERMANTOWN TN 38138-2935
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/20/1986		3a. Date of Last Report 04/01/1996	
21 Suite, Apt. #, etc.		26 1100 5th Ave. S.		4. FEI Number 62-0933375		Applied For Not Applicable	
22 City & State		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 Suite 401		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Naples, FL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 34102					
		31 USA					

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE		1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOMEZ, JACK			1.2 NAME	GOMEZ, JACK		
STREET ADDRESS	6463 CORSICA			1.3 STREET ADDRESS	1628 GALLEON DR		
CITY-ST-ZIP	MEMPHIS TN			1.4 CITY-ST-ZIP	NAPLES, FL 34102		
TITLE	SEVP	<input type="checkbox"/> DELETE		2.1 TITLE	SEVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TACKETT, JACK			2.2 NAME	TACKETT, JACK		
STREET ADDRESS	6204 HEATHER DRIVE			2.3 STREET ADDRESS	701 21ST AVE		
CITY-ST-ZIP	MEMPHIS TN			2.4 CITY-ST-ZIP	NAPLES, FL 34102		
TITLE	C	<input type="checkbox"/> DELETE		3.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOMEZ, BARRY			3.2 NAME	GOMEZ, BARRY		
STREET ADDRESS	800 SHADY GROVE S			3.3 STREET ADDRESS	925 SPYGLASS		
CITY-ST-ZIP	MEMPHIS TN			3.4 CITY-ST-ZIP	NAPLES, FL 34102		
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOMEZ, BRUCE			4.2 NAME	GOMEZ, BRUCE		
STREET ADDRESS	6765 SLASHPIKE COVE			4.3 STREET ADDRESS	1950 GALLEON DR		
CITY-ST-ZIP	MEMPHIS TN			4.4 CITY-ST-ZIP	NAPLES, FL 34102		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

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