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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P19895** (2)
1. Corporation Name
AZON CORPORATION

Principal Place of Business
**701 AZON ROAD
P.O. BOX 280
JOHNSON CITY NY 13780-0280**

Mailing Address
**701 AZON ROAD
P.O. BOX 280
JOHNSON CITY NY 13780-0280**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1988		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 15-0522913		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDAGES, WILLIAM	1.2 NAME	
STREET ADDRESS	117 RIVERSIDE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BINGHAMTON NY	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPP, MARK A.	2.2 NAME	
STREET ADDRESS	518 17TH STREET SUITE 1400	2.3 STREET ADDRESS	6855 S. HAVANA STREET
CITY-ST-ZIP	DENVER CO	2.4 CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	TCFO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, JAMES L	3.2 NAME	
STREET ADDRESS	401 ALPINE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VESTAL NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVENDER, RICHARD F.	4.2 NAME	
STREET ADDRESS	P.O. BOX 602 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANZANITA OR	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANNON, JAMES G., JR.	5.2 NAME	
STREET ADDRESS	1115 WESTERN BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON TX	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDAGES, JANET S.	6.2 NAME	
STREET ADDRESS	117 RIVERSIDE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BINGHAMTON NY	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 _____

CR2E034 (9/96)