

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 290
JOHNSON CITY NY 13790-0290

Mailing Address
701 AZON ROAD
P.O. BOX 290
JOHNSON CITY NY 13790-0290

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 15-0522913	
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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD	BORDAGES, WILLIAM						1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	117 RIVERSIDE DR.	BINGHAMTON NY						1.2 NAME							
STREET ADDRESS								1.3 STREET ADDRESS							
CITY-ST-ZIP								1.4 CITY-ST-ZIP							
TITLE	V	<input checked="" type="checkbox"/> DELETE						2.1 TITLE		VICE PRESIDENT					
NAME	RAPP, MARK A.							2.2 NAME		GERARD SHANLEY					
STREET ADDRESS	8855 S HAVANA ST							2.3 STREET ADDRESS		16 STRATFORD PLACE					
CITY-ST-ZIP	ENGLEWOOD CO							2.4 CITY-ST-ZIP		BINGHAMTON, NY 13905					
TITLE	TCFO	<input type="checkbox"/> DELETE						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	<input type="checkbox"/> DELETE						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	<input type="checkbox"/> DELETE						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	<input type="checkbox"/> DELETE						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 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: James L. Donovan, 117-200-2368

CR2E034 (10/97)