

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P40941 (7)

1. Corporation Name

IDEON MARKETING AND SERVICES COMPANY



Principal Place of Business

7596 CENTURION PARKWAY
JACKSONVILLE FL 32256

Mailing Address

7596 CENTURION PARKWAY
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified
10/07/1992

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LISA ORMAND, ESQUIRE
7596 CENTURION PARKWAY
JACKSONVILLE FL 32256

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 state if applicable

(NOTE: Registered Agent signature is required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHECHTER, DOROTHY S.	
STREET ADDRESS	7596 CENTURION PARKWAY	
CITY - ST - ZIP	JACKSONVILLE FL 32256	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GILARSKI, TRUDI	
STREET ADDRESS	30001 EAST PERSHING BLVD	
CITY - ST - ZIP	CHEYENNE WY 30001	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARINO, FRANCIS J	
STREET ADDRESS	7596 CENTURION PARKWAY	
CITY - ST - ZIP	JACKSONVILLE FL 32256	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ORMAND, LISA	
STREET ADDRESS	7596 CENTURION PARKWAY	
CITY - ST - ZIP	JACKSONVILLE FL 32256	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	JOSEPH, MARC F	
STREET ADDRESS	7596 CENTURION PARKWAY	
CITY - ST - ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kahn, Paul G.	
1.3 STREET ADDRESS	7596 Centurion Parkway	
1.4 CITY - ST - ZIP	Jacksonville, FL 32256	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Foster, Daniel M.	
2.3 STREET ADDRESS	10475 Fortune Parkway	
2.4 CITY - ST - ZIP	Jacksonville, FL 32256	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Yee, Jonathan P.	
5.3 STREET ADDRESS	10475 Fortune Parkway	
5.4 CITY - ST - ZIP	Jacksonville, FL 32256	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: *Lisa Ormand*

Lisa Ormand - Secretary

1/30/96

904/218-1841

CR2E034 (12/95)