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

PROFIT CORPORATION ANNUAL REPORT **1997**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000009024 (0)

EXPON, INC.

Principal Place of Business Mailing Address				1 TOBILIDAY AND JOUIN JOUR BOLLS			
218 COMMERC	HAL BLVD.	218 COMMERCIAL BLVD.	3 COMMERCIAL BLVD.				
SUITE 204		SUITE 204					
LAUDERDALE-E	BY-THE-SEA FL 33308	LAUDERDALE-BY-THE-SE	A FL 33308-44	62			
					3. Date Incorporated or Qualified 12/03/1992	3a. Date of Last 04/22/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1 7	Applied For
21	26				65-0374784	1	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #,		Suite, Apt. #, etc.	, etc.		E. Contificate of Status Desired	\$8.75	Additional
22 27					5. Certificate of Status Desired	Fee f	Required
City & State	3	City & State			6. Election Campaign Financing	\$5.0	May Be
23		28			Trust Fund Contribution		to Fees
Ζιρ	Country	Zip	Country		8. This corporation has liability for	intangible tax under	s. 199.032,
24			30	Florida Statutes Yes No			
	9. Name and Address of Cure	rent Registered Agent			10. Name and Address of New Re	gistered Agent	
	HA, WALTER R		81	Name			
218 COMMERCIAL BLVD			82	Street Ado	dress (P.O. Box Number is Not Acceptat	hle\	
SUN	TE 204				(is being a fine of the first	5.5)	
FT L	AUDERDALE FL 33308		83				
			84	City	The second secon	155(7)	0-4-
			۳	City		FL 85 Zir	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the abov	e-named cor	poration submits this statement for the	purpose of changing	its registered
office or re agent 1 a	egistered agent, or both, in the Sta m familiar with, and accept the ob	ite of Florida. Such change was ligations of Section 607,0505. F	authorized b Iorida Statute	y the corpora	ation's board of directors. I hereby acce	pt the appointment a	s registered
-	THE TIME WITH CITY DECEMPT THE OF	igations of occitor our tosso, i	iorida otatute	3 .			
SIGNATURE	Signature, typical or printed name of registered	agent and title if applicable (NO	TE: Registered Ag	ent signature requ	uired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTO	RS IN 12
T TLF	D	DELETE	1.1 TITLE		And the second s	☐ Change	Addition
NAME	onodi, georg g d'r		1.2 NAME				
STREET ADDRESS	218 COMMERCIAL BLVD #2	204	1.3 STREE	ADDRESS			
CITY+ST+2IF	ft lauderdale fl		1.4 CITY	ST-7IP			
TITLE	VS DELETE		2.1 TITLE			☐ Change	Addition
NAME	BLAHA, WALTER R.		2.2 NAME				
STREET ADORESS	ORESS 218 COMMERCIAL BLVD. #204			T ADDRESS			
City St - ZiF	FT. LAUDERDALE FL		2. 4 CITY	1			
TITLE	DELETE			<u> </u>		Change	Addition
NAME.	J. State L.		3.1 TITLE 3.2 NAME			عوادات مس	
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE	☐ DELETE		4.1 TITLE			Change	Addition
NAME			4 2 NAME			 : " *	
STREET ADORESS				ADDRESS			
CHY-ST-ZIP			4.4 CITY-				
TITLE	DELETE			. 901		Change	Addition
NAME			5.1 TITLE 5.2 NAME				
STREET ADDRESS				ADDRESS			
Dity-St-ZiP			5.4 CITY-	1			
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME		-	6.2 NAME				
STREET ADDRESS			6.3 STREE	ADDRESS			
C-17-ST-ZIP			6.4 CITY-	· · ·			
14. I do heret	by certify that the information supp	lied with this filing does not qual	lify for the ex	motion state	d in Section 119.07(3)(i), Florida Statute	s. I further certify the	it the
informatio	n indicated on this annual report of	r supplemental annual report is	true and acc	urate and tha	at my signature shall have the same lega ort as required by Chapter 607, Florida S	al effect as if made u	nder oath; that
appears in	n Block 12 or Block 13 if charged	or on in all all the with an ad	idress.	ore mis table	int as required by Chapter 607, FIDHOR 5	лаюез, апо тат ту	name
	1//1/	7 / 40/ 47 4/4/					

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

2/19/97 954772222S

FILED

Mar 06 1997 8:00am

Secretary of State