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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P93000046103 (6)

	E ON, INC.										
Principal Place of Business Mailing Address								E SUMERINAL CON 1808 D CALEGO DOLLO MA	HARF WOODL WODER W	IBIB BIIDI	11 3 11 3 31 3 4 1111 1 3 8 1
3260 HWY 17:52 SUITE 100 CHANGED LONGWOOD FL 32750			3260 HWY 17-92 SUITE_100 LONGWOOD FL 32750			3	Date Incorporated or Qualified	3a. Date	of Last	Rannet	
							"	06/24/1993		08/09/	
· · · ·	Place of Business		2a. Mailing Ad	dress			4.	FEI Number			Applied For
		NTRE SOUTH BU				- -		59-3187558			Not Applicable
22	ot. #, etc.	erroren erroren ar erroren erro	Suite, Apt.					Certificate of Status Desired		•	5 Additional Required
City & State			City & State				Election Campaign Financing			00 May Be	
23 ALTAMONTE SPRINGS FL.			Zip Country				Trust Fund Contribution			ed to Fees	
24 327	14 25	-1 ´	29	30	Country			This corporation has liability for Florida Statutes	intangible ta:	k under s	3 199.032,
27 32 1		nd Address of Current			T			Name and Address of New F		Agent	
	***************************************	THE RESERVE OF THE PROPERTY OF THE RESERVE OF THE PERSON O			81	Name	_ _		···········		
CHA	N, SIU Y				82	Ctront A	elekson (D.)	O. Box Number is Not Acceptate			
	HWY 17-92				62	Street A	vaaress (F.)	o. Box number is not acceptar	JI O J		
	TE 100				83						
LON	IGWOOD FL 32	750			84	City			——————————————————————————————————————	85 Ž	Zip Code
11 Pursuar	nt to the provision	s of Sections 607 0502	and 607 1508 Flor	ida Statutos, the	ahove n	named con	moration su	Ibmite this statement for the nu	FL roose of cha	naina ite	registered office
or regis	stered agent, or bo	oth, in the State of Florid	la. Such change wa	as authorized by t	the corpo	oration's b	poration so poard of dir	ubmits this statement for the purectors. I hereby accept the app	ointment as	registere	d agent. I am
		the obligations of, Section	DA 607.0005, FIDAG	ia Statiotes.							
SIGNATURE	Signature, typed or p	vinted name of registered againt a	and ble if applicatio.	(NOTE: Flege	stered Agen	it signature req	guired when re-	nstaling)	DATE	**************	· · · · · · · · · · · · · · · · · · ·
12.		OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	ORS IN 12
TITLE	D		D	ELETE	1 1 TITLE				٤	Change	Addition
NAME	CHAN, S	SII Y			1.2 NAME						
STREET ADDRESS 3260 HWY 17-92, SUITE 10			_		1.2 11/4/12						
STREET ADDRES	3260 HV	NY 17-92, SUITE 10	0		1.3 STREET	ADDRESS	H62 8	SPRING CENTRE SC	OTH B	LVD	
CITY-ST-ZIP	3260 HV					I .		SPRING CENTRE SO ONTE SPRINGS 3	FL 32	714	
	3260 HV	NY 17-92, SUITE 10	0	ELETE	1.3 STREET 1.4 CITY - S' 2 1 TITLE	1-2IP f	rltam D	ONTE SPRINGS ,	FL 32		: Addition
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4. For needy certify that the information supplied with this string is voluntarily furnished and does not quarity for the exemption stated in Section 119,07(3)(k), Florida Statutes, I further certify that the information indicated on this armual report or supplemental annual report or all properties 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 chapted, or on an attachment with an address.

SIGNATURE:

MINATURE AND TYPE OF A PARTIES NAME OF SIGNING OFFICER OR DIRECTOR

4-30.96 (407) 788-9388

CR2E034 (12/95)