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 # **P94000047491 (3)**

1. Corporation Name
VONCE, INC.

Principal Place of Business
1633 NE 17TH AVE
FORT LAUDERDALE FL 33305

Mailing Address
65 PATTERSON AVE.
HAMILTON NJ 08610

3. Date Incorporated or Qualified: **06/21/1994**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0502973** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent
FITZGERALD, JACK
1633 N.E. 17TH AVENUE
FORT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent
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 Section 607.0502 and/or 617.0501, Florida Statutes, the 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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
P	SCHEIBER, SAM	65 PATTERSON AVE.	HAMILTON NJ 08610	[ ]
TS	KURZMAN, DAVID	17 DOGWOOD DR.	FLEMINGTON NJ 08822	[ ]
				[ ]
				[ ]
				[ ]
				[ ]
				[ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
1					[ ]	[ ]
2					[ ]	[ ]
3					[ ]	[ ]
4					[ ]	[ ]
5					[ ]	[ ]
6					[ ]	[ ]

CR2E034 (12/95)

14. I hereby certify that the information indicated on this report or supplemental 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 added from, or is an addition.

SIGNATURE: Sam Scheiber Sam Scheiber 3/16/96 609-890 1031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR