FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # **P94000050673 (0)**

1. Corporate Name
VOON, INC.

Principal Place of Business
2244 QUAIL RIDGE SOUTH
PALM BEACH GARDENS FL 33418

Mailing Address
2244 QUAIL RIDGE SOUTH
PALM BEACH GARDENS FL 33418

3. Date Incorporated/Organized: 07/05/1994
3a. Date of Last Report:

2. Federal Tax Number: 21
2a. Date Year: 26
Sub. Activity: 22
Sub. Activity: 27
Sub. Activity: 23
Sub. Activity: 28
24 25 29 30

4. FEI Number: 65-0513982 — 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. Does corporation owe any taxes, fees or penalties under Ch. 199, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
RICHARDSON, KEVIN F ESQ.
1551 FORUM PLACE
#300-C
WEST PALM BEACH FL 33401

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 607.0505 of the Florida Business Corporation Act, this statement for the purpose of keeping the registered office or registered agent of record in the State of Florida current, is executed. The corporation hereby accepts the appointment as registered agent. The registered agent has agreed to act in this capacity.

SIGNATURE

12. Officers and Directors

Title	D
NAME	SCULAC, JOSEPH
Street Address	2244 QUAIL RIDGE SOUTH
City-St-Zip	PALM BEACH GARDENS FL 33418
Title	D
NAME	SCULAC, ~~IVAN~~ YVONNE
Street Address	2244 QUAIL RIDGE SOUTH
City-St-Zip	PALM BEACH GARDENS FL 33418

13. Additional Name(s) of Officers and/or Directors

14. I hereby certify that the information indicated on this report or supplemental report filed pursuant to Section 607.0505 Florida Statutes, is true and accurate and that my electronic 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 above, or on an attached exhibit, as such officer or director.

SIGNATURE: Yvonne Sculac — YVONNE SCULAC — 4/17/95 — 407-689-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EX 338

0284063 CP

APPROVED AND FILED
AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA