

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

95 JUL -7 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000084520 (3)

1. Corporation Name

IDON GROUP CORPORATION

Principal Place of Business

Mailing Address

~~41077 BISCAYNE BLVD
PENTHOUSE
MIAMI FL 33161~~

~~11077 BISCAYNE BLVD
PENTHOUSE
MIAMI FL 33161~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/18/1994

2. Principal Place of Business

2b. Mailing Address

21 **11501 NE 11th Place**

2b **11501 NE 11th Place**

4. FEI Number

Applied For

65-8439168

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **BISCAYNE PARK, FL**

28 **BISCAYNE PARK, FL**

6. Electronic Filing of
Trust Filing Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

7. The corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ROTHSTEIN, LAZARUS-ESQ
11077 BISCAYNE BLVD
PENTHOUSE
MIAMI FL 33161~~

01 Name

NATHAN SCHOR

02 Street Address (P.O. Box Number is Not Acceptable)

11501 NE 11th Place

03

04 City

BISCAYNE PARK

FL

05 Zip Code

33161

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

Nathan Schor

(PRINT) Registered Agent Signature Required When Necessary

DATE

6-30-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES, DELETIONS, ETC. (Check One)

TITLE	D
NAME	SCHOR, NATHAN
STREET ADDRESS	% 11077 BISCAYNE BLVD PENTHOUSE
CITY ST ZIP	MIAMI FL 33161
TITLE	D
NAME	ROTHSTEIN, LAZARUS
STREET ADDRESS	% 11077 BISCAYNE BLVD PENTHOUSE
CITY ST ZIP	MIAMI FL 33161
TITLE	D
NAME	ROTHSTEIN, LINDA E
STREET ADDRESS	% 11077 BISCAYNE BLVD PENTHOUSE
CITY ST ZIP	MIAMI FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SCHOR, NATHAN	
13 STREET ADDRESS	11501 NE 11th PLACE	
14 CITY ST ZIP	BISCAYNE PARK, FL 33161	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nathan Schor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-95
DATE

Registered Officer

CR2E034 (3/95)