

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000090359 (8)

1. Corporation Name
XEON CORPORATION



Principal Place of Business

MR. STEPHEN LOVAS, JR.
% COMFORT INN. 11360 US HWY. 1
PALM BEACH GARDENS FL 33410

Mailing Address

MR. STEPHEN LOVAS, JR.
% COMFORT INN. 11360 US HWY. 1
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 CLARION HOTEL 11360 US HWY 1

22 Suite, Apt. #, etc.

City & State

23 NORTH PALM BEACH FL

24 Zip 33408

Country

25 PALM BEACH

2a. Mailing Address

26 CLARION HOTEL 11360 US HWY 1

27 Suite, Apt. #, etc.

City & State

28 NORTH PALM BEACH FL

29 Zip 33408

Country

30 PALM BEACH

3. Date Incorporated or Qualified

12/14/1994

3a. Date of Last Report

01/08/1996

4. FEI Number

APPLIED FOR 22-2425827

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SAPIR, M. RICHARD
1645 PALM BEACH LAKES BLVD.
STE. 1200
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)

222 LAKEVIEW AV

SUITE 1400

84 City WEST PALM BEACH

FL

85 Zip Code

33401

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPT
STREET ADDRESS LOVAS, STEPHEN JR.
CITY-ST-ZIP 11360 US HWY. 1
PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME DV
STREET ADDRESS KUDMAN, STUART R
CITY-ST-ZIP 350 5TH AVE., STE. 1423
NEW YORK NY

TITLE ☐ DELETE

NAME DS
STREET ADDRESS LOVAS, STEPHEN III
CITY-ST-ZIP 11360 U.S. HWY. 1
PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE: STEPHEN LOVAS

9/14/97 (561) 624-7186

CR2E034 (4/97)