

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90040 030 ***158.75

DOCUMENT # P94000090359

1. Corporation Name

XEON CORPORATION

Principal Place of Business

CLARION HOTEL 11360 US HWY. 41
% COMFORT INN. 11360 US HWY. 1
NORTH PALM BEACH FL 33408
US

Mailing Address

CLARION HOTEL 11360 US HWY. 41
% COMFORT INN. 11360 US HWY. 1
NORTH PALM BEACH FL 33408
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1994

4. FEI Number

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 the current year Intangible
Personal Property Tax.



Yes No

2. Principal Place of Business

21 WATERFORD HOTEL

2a. Mailing Address

26 WATERFORD HOTEL

Suite, Apt. #, etc.

22 11360 US HIGHWAY 1

Suite, Apt. #, etc.

27 11360 US HIGHWAY 1

City & State

23 NORTH PALM BEACH FL

City & State

28 NORTH PALM BEACH FL

Zip

24 33408

Country

25 PALM BEACH

Zip

29 33408

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAPIR, M. RICHARD
222 LAKEVIEW AVE.
SUITE 1400
WEST PALM BEACH FL 33401

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT ☐ DELETE

NAME LOVAS, STEPHEN JR.

STREET ADDRESS 11360 US HWY. 1

CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE DV ☐ DELETE

NAME KUDMAN, STUART R

STREET ADDRESS 350 5TH AVE., STE. 1423

CITY-ST-ZIP NEW YORK NY

TITLE DS ☐ DELETE

NAME LOVAS, STEPHEN III

STREET ADDRESS 11360 U.S. HWY. 1

CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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14. I 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, with all other like empowered.

SIGNATURE:

SIG STEPHEN LOVAS

Date

Daytime Phone #

1/16/99 (561) 624-7186

CR2E034 (11/98)