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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000013883 (0)
1. Corporation Name

ON-ON, INC.

Principal.	Diagon	nf	Ducinoce

Mailing Address

1896 NW EAGLE POINT STUART FL 34994 1896 NW EAGLE POINT STUART FL 34994



							3. Date Incorporated or Qualified 02/16/1995	3a. Date	of Last F	eport	
2. Prin	cipal Place of Busin	ness	2a. Mailing Address				4. FEI Number		<b>─ऻ×</b>	Applied For	
21		26					A bblood for		Not Applicable		
	Suite, Apt. #, etc.		<del></del>	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Addition Fee Require			Additional	
	& State	<del></del>	City & State	·····			& Floation Compaign Financing			_ <u></u> -	
23	- B Glate	·	28		intry		Election Campaign Financing     Trust Fund Contribution		•	O May Be d to Fees	
Ζιρ 24		Country Z <sub>IP</sub> 29					8. This corporation has liability for in Florida Statutes Yes		cunder s	199.032,	
	9. Nam	e and Address of Cui	rrent Registered Agent				10. Name and Address of New R	legistered #	gent		
					81	Name					
BODEM, LOREN E					82	Street Addre	treet Address (P.O. Box Number is Not Acceptable)				
815 COLORADO AVE, 305 STUART FL 34994				83							
٥	10/11/11/11/199	•									
					84	City		FL	85 Z	p Code	
or	registered agent, o miliar with, and acc TURE	r both, in the State of F	Florida. Such change was auth Section 607.0505, Florida Stati	iorized by the i utes.	corpo	named corpora oration's board t signature required	tion submits this statement for the pur d of directors. I hereby accept the appr	rpose of cha ointment as	nging Its i registered	registered office d agent. I am	
12.	Signature, type		AND DIRECTORS	13.	1 Agen	i signature required	ADDITIONS/CHANGES TO OFF		DIBECTO	DRS IN 12	
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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 unden 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 13.1 changed, or in an attachment with an address.

**SIGNATURE:** 

TOHN WAUGH

04/12/96

te Daytime Phone #