

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

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Jan 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000029063 (1)**

1. Corporation Name  
**GONEN, INC.**

Principal Place of Business

**4700 HIATUS ROAD  
SUITE 152-B  
SUNRISE FL 33351**

Mailing Address

**4700 HIATUS ROAD  
SUITE 152-B  
SUNRISE FL 33351-7951**



3. Date Incorporated or Qualified <b>04/13/1995</b>	3a. Date of Last Report <b>01/26/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>4700 Hiatus Road</b>	26 <b>4700 Hiatus Road</b>	<b>65-0584865</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 <b>Suite 153</b>	27 <b>Suite 153</b>	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
City & State	City & State		
23 <b>Sunrise, FL</b>	28 <b>Sunrise, FL</b>	6. Election Campaign Financing	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip	Zip	Trust Fund Contribution	
24 <b>33351</b>	29 <b>33351</b>		
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 <b>USA</b>	30 <b>USA</b>		

9. Name and Address of Current Registered Agent

**GENET, BENJAMIN J  
4700 HIATUS ROAD, SUITE 152-B  
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81 Name <b>Genet, Benjamin J.</b>	85 Zip Code <b>33351</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4700 Hiatus Road</b>	
83 <b>Suite 153</b>	
84 City <b>Sunrise</b>	<b>FL</b>

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 **Benjamin J. Genet, President/Secretary/Director** **15 Jan 1997**

(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	<b>PSD</b>	1.1 TITLE	<b>PSD</b>
NAME	<b>GENET, BENJAMIN J</b>	1.2 NAME	<b>Genet, Benjamin J.</b>
STREET ADDRESS	<b>4700 HIATUS ROAD, SUITE 152-B</b>	1.3 STREET ADDRESS	<b>4700 Hiatus Road, Suite 153</b>
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	1.4 CITY-ST-ZIP	<b>Sunrise, FL 33351</b>
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Benjamin J. Genet, Pres/Sec/Dir**

**15 Jan 97 (954) 572-9159**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0291640

CR2E034 (9/96)