

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

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000038399 (8)**

1. Corporation Name
KAVONS, INC.



Principal Place of Business 2918 NORTH S.R. 7 MARGATE FL 33063	Mailing Address 2918 NORTH S.R. 7 MARGATE FL 33063-5730
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3. Date Incorporated or Qualified 05/15/1995	3a. Date of Last Report 03/15/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 65-0579476	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

81 Name Robert Samet
82 Street Address (P.O. Box Number is Not Acceptable) 2918 N.S.R. 7
83
84 City Margate
85 Zip Code FL 33063

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SAMET, ROBERT		1.2 NAME	
STREET ADDRESS 2918 NORTH S.R. 7		1.3 STREET ADDRESS	
CITY-ST-ZIP MARGATE FL 33063		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME NOVAK, MARC E		2.2 NAME	
STREET ADDRESS 2918 NORTH S.R. 7		2.3 STREET ADDRESS	
CITY-ST-ZIP MARGATE FL 33063		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME NOVAK, SANFORD		3.2 NAME	
STREET ADDRESS 2918 NORTH S.R. 7		3.3 STREET ADDRESS	
CITY-ST-ZIP MARGATE FL 33063		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SAMET, JUDY M		4.2 NAME	
STREET ADDRESS 2918 NORTH S.R. 7		4.3 STREET ADDRESS	
CITY-ST-ZIP MARGATE FL 33063		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME NOVAK, KATHLEEN A		5.2 NAME	
STREET ADDRESS 2918 NORTH S.R. 7		5.3 STREET ADDRESS	
CITY-ST-ZIP MARGATE FL 33063		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME NOVAK, PHYLLIS R		6.2 NAME	
STREET ADDRESS 2918 NORTH S.R. 7		6.3 STREET ADDRESS	
CITY-ST-ZIP MARGATE FL 33063		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]* **Judy M. Samet** 1/24/97 954-974-6465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)