

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90171 001 ***150.00

DOCUMENT # P95000090193

Corporation Name
THE FONES, INC.



Principal Place of Business
PONCE DE LEON BLVD
STE 600
CORAL GABLES FL 33134

Mailing Address
2222 PONCE DE LEON BLVD
STE 600
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1570 Madruga Avenue Suite Apt. #, etc Suite 209 City & State Coral Gables, FL Zip 33146 Country Miami-Dade		2a. Mailing Address 1570 Madruga Suite Apt. #, etc Suite 209 City & State Coral Gables, FL Zip 33146 Country Miami-Dade		3. Date Incorporated or Qualified 11/22/1995	
		4. FEI Number 65-0642112		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 owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HICKEY, HAROLD V 2222 PONCE DE LEON BLVD #600 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent	
				81 Name Harold V. Hickey	
				82 Street Address (P.O. Box Number is Not Acceptable) 1570 Madruga Avenue	
				83 Suite 209	
				84 City Coral Gables, FL 85 Zip Code 33146	

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 of 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	PSD	<input type="checkbox"/> DELETE		1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HICKEY, HAROLD V			1.2 NAME	Hickey, Harold V		
STREET ADDRESS	2222 PONCE DE LEON BLVD #600			1.3 STREET ADDRESS	1570 Madruga Ave., Suite 209		
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-ST-ZIP	Coral Gables, FL 33146		
TITLE	VTD	<input type="checkbox"/> DELETE		2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HICKEY, SHARON S			2.2 NAME	Hickey, Sharon S		
STREET ADDRESS	2222 PONCE DE LEON BLVD #600			2.3 STREET ADDRESS	1570 Madruga Ave., Suite 209		
CITY-ST-ZIP	CORAL GABLES FL			2.4 CITY-ST-ZIP	Coral Gables, FL 33146		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

FILE

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #