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FILED  
Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000035630 (8)

1. Corporation Name

AVON SYSTEMS, INC.

Principal Place of Business

4101 NORTH OCEAN BLVD., UNIT 1209  
BOCA RATON FL 33431

Mailing Address

4101 NORTH OCEAN BLVD., UNIT 1209  
BOCA RATON FL 33431-5315



3. Date Incorporated or Qualified

04/23/1996

3a. Date of Last Report

N/A

4. FEI Number

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 1700 N. DIXIE HWY

Suite, Apt. #, etc.

22 SUITE 118

City & State

23 BOCA RATON, FL

Zip

24 33432

Country

25 PALM BEACH

2a. Mailing Address

26 1700 N. DIXIE HWY

Suite, Apt. #, etc.

27 SUITE 118

City & State

28 BOCA RATON, FL

Zip

29 33432

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

SCHRAGER, MARTIN M  
4101 N. OCEAN BLVD., APT. 1209  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 not a partner, officer, director, or trustee of the corporation.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/97

12. OFFICERS AND DIRECTORS

TITLE PVST  
NAME SCHRAGER, MARTIN  
STREET ADDRESS 4101 NORTH OCEAN BLVD., UNIT 1209  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D  
NAME SCHRAGER, MARILYN  
STREET ADDRESS 4101 NORTH OCEAN BLVD., UNIT 1209  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D  
NAME SCHRAGER, MARTIN  
STREET ADDRESS 4101 NORTH OCEAN BLVD., UNIT 1209  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/97 561 338-8455

CR2E034 (9/96)