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FILED

Jun 02 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 # P96000046593

1. Corporation Name

ONYX Inc. Opportunities Not Yet eXplored

Principal Place of Business

6912 Aloma Avenue  
Suite 6  
Winter Park, FL 32762

Mailing Address

P.O. Box 621952  
Oviedo, FL 32762

3. Date Incorporated or Qualified

May 29, 1996

3a. Date of Last Report

New Report

4. FET Number

59-3374220

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 N/A

Suite, Apt. #, etc.

22 N/A

City & State

23 N/A

Zip

24 N/A

Country

25 N/A

2a. Mailing Address

26 N/A

Suite, Apt. #, etc.

27 N/A

City & State

28 N/A

Zip

29 N/A

Country

30 N/A

9. Name and Address of Current Registered Agent

N/A

10. Name and Address of New Registered Agent

81 Name

Marcus W. Weaver

82 Street Address (P.O. Box Number is Not Acceptable)

6912 Aloma Avenue

83

Suite 6

84 City

Winter Park,

FL

85 Zip Code

32762

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME N/A

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME N/A

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME N/A

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME N/A

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME N/A

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

Change ☐ Addition ☒

1.2 NAME

Marcus W. Weaver

1.3 STREET ADDRESS

P. O. Box 621952

1.4 CITY - ST - ZIP

Oviedo, FL 32762

2.1 TITLE

Vice President

Change ☐ Addition ☒

2.2 NAME

Susan A. Weaver

2.3 STREET ADDRESS

P. O. Box 621952

2.4 CITY - ST - ZIP

Oviedo, FL 32762

3.1 TITLE

Treasurer

Change ☐ Addition ☒

3.2 NAME

Marcus W. Weaver

3.3 STREET ADDRESS

P. O. Box 621952

3.4 CITY - ST - ZIP

Oviedo, FL 32762

4.1 TITLE

Secretary

Change ☐ Addition ☒

4.2 NAME

Susan A. Weaver

4.3 STREET ADDRESS

P. O. Box 621952

4.4 CITY - ST - ZIP

Oviedo, FL 32762

5.1 TITLE

Director

Change ☐ Addition ☒

5.2 NAME

Marcus W. Weaver

5.3 STREET ADDRESS

P. O. Box 621952

5.4 CITY - ST - ZIP

Oviedo, FL 32762

6.1 TITLE

900002207859

Change ☐ Addition ☐

6.2 NAME

-06/10/97--01078--036

6.3 STREET ADDRESS

\*\*\*165.00

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

PRESIDENT MARCUS W. WEAVER

5-29-97

Date

(407) 359-2410

Daytime Phone #

CR2E034 (9/96)