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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600053030 (8)

ONYX HOLDINGS, INC.

FILED Jan 31 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								
Principal Place of Business Mailing Address 730 W MCNAB ROAD 730 W MCNAB ROAD								
FT LAUDERD	DALE FL 33309	FT LAUDERDALE FL 3330	19-2150					
					3. Date Incorporated or Qualified 06/21/1996	3a. Date of I	_ast Report	
	Place of Business	2a. Mailing Address	71111		4. FEI Number	11	Applied For	
21		26		65-067853		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & St 23	ate	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Countr	у	8. This corporation has liability for in	ntangible tax ur	nder s. 199.032,	
24	25	29	30			Yes 🗌 No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Rej	glatered Agent		
BF	RADY, GERALD J		81	Name	en e			
730 W MCNAB ROAD				82 Street Address (P.O. Box Number is Not Acceptable)				
FT LAUDERDALE FL 33309								
			83	'				
			84	City		F1 85	Zip Code	
11. Pursua:	nt to the provisions of Sections 607.05	02 and 607.1508, Florida Statul	tes, the abov	re-named cor	poration submits this statement for the pation's board of directors. I hereby accep	urpose of chan	ging its registered	
office o agent. I	r registered agent, or both, in the Stat I am familiar with, and accept the obliq	e of Florida. Such change was gations of, Section 607.0505, Fl	authorized b orida Statute	y the corpora is.	ition's board of directors. I hereby accep	t the appointme	ant as registered	
SIGNATURI	Signature, typed or printed name of registered as	gent and title if applicable (NO)	TE: Registered Ag	pent signature requ	ulrad when reinstating)	DATE		
12.	OFFICERS AT	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		dec. Treasurer	□ c	hange 🔀 Addition	
NAME	ELLMAN, J. LEON		1.2 NAME	Q	so w. menab Roas	•		
STREET ADDRES			1.3 STREE	TADDRESS 7	30 M. Wende vous	, 	_	
CITY-ST-ZIP	FT LAUDERDALE FL 33309		1,4 CITY-		E. LAUDERDALE, FL	33063	3	
TITLE		☐ DELETE	2.1 TITLE	-	•	LJ CI	hange L_ Addition	
NAME			2.2 NAME					
STREET ADDRES	S	•		T ADDRESS				
CITY-ST-ZIP		- I DELETE	2.4 CITY-			TTA	hanga Iddii	
TITLE		DELETE	3.1 TITLE				hange 🔲 Addition	
NAME			3.2 NAME	1				
STREET ADDRES	\$			T ADDRESS				
CITY-S1-ZIP TIFLE		DELETE	3.4. CITY-			n n	hange Addition	
NAME		ביין אניניני	4.1 311LE 4.2 NAME			اب نیا	wide. Ti santititi	
	c			T ADDRESS				
STREET ADDRES	3							
CITY-ST-Z-P TITLE		DELETE	4.4 CITY- 5.1 TITLE	31-ZIF			hange Addition	
NAME		Brood C Con C	5.2 NAME			 -		
STREET ADDRES	s			T ADDRESS				
CITY-ST-ZIP			5.4 CITY -	1				
TITLE		DELETE	6.1 TITLE			□ ci	hange Addition	
NAME		—	6.2 NAME				, <u> </u>	
STREET ADDRES	s			T ADDRESS				
CHY-ST-ZIP			6.4 CITY-					
	roby portify that the information eventi-	ad with this filing door not gual			nd in Section 119 07/3//i) Florida Statutes	e I further cortif	h, that the	

. 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 arrival report or suppliemental 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 this 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 | haftgod, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-24-97 951

(954)977-3094 Daylime Phone #