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May 09 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 # P96000065448 (8)

1. Corporation Name
EZON PROPERTIES, INC.



Principal Place of Business

**745 12TH AVENUE SOUTH
NAPLES FL 33940**

Mailing Address

**745 12TH AVENUE SOUTH
NAPLES FL 34102-7376**

3. Date Incorporated or Qualified

08/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 **1100 5th Ave. S.**

27 Suite, Apt. #, etc.

Suite 401

28 City & State

Naples, FL

29 Zip

34102

30 Country

USA

4. FEI Number

62-1646751

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

9. Name and Address of Current Registered Agent

**ITZLER, ELLEN R ESQ.
798 SO FEDERAL HIGHWAY STE 100
BOCA RATON FL 33432**

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 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CHAIRMAN OF BOARD / VP

☐ Change

☐ Addition

1.2 NAME

BONEZ, JACK

1.3 STREET ADDRESS

1628 GALLEON

1.4 CITY - ST - ZIP

NAPLES, FL 34102

2.1 TITLE

VP / TREASURER

☐ Change

☐ Addition

2.2 NAME

BONEZ, BARRY

2.3 STREET ADDRESS

905 SPYGLASS

2.4 CITY - ST - ZIP

NAPLES, FL 34102

3.1 TITLE

VP

☐ Change

☐ Addition

3.2 NAME

GOMEZ, BRUCE

3.3 STREET ADDRESS

1950 GALLEON

3.4 CITY - ST - ZIP

NAPLES, FL 34102

4.1 TITLE

PRESIDENT / SECRETARY

☐ Change

☐ Addition

4.2 NAME

TACKETT, JACK

4.3 STREET ADDRESS

701 81ST AVE

4.4 CITY - ST - ZIP

NAPLES, FL 34102

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

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 #

4/29/97

941 263 3383

CR2E034 (9/96)