


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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000091623 (4)**

1. Corporation Name

IVONE ENTERPRISES, INC.



Principal Place of Business 3900 COUNTY LINE ROAD, SUITE 13B TEQUESTA FL 33469	Mailing Address 3900 COUNTY LINE ROAD, SUITE 13B TEQUESTA FL 33469-2217
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2. Principal Place of Business 21 3900 COUNTY LINE ROAD Suite, Apt. #, etc. 22 13 B City & State 23 TEQUESTA, FL Zip 24 33469	2a. Mailing Address 26 3900 COUNTY LINE ROAD Suite, Apt. #, etc. 27 13 B City & State 28 TEQUESTA, FL Zip 29 33469-2217 Country 30 USA
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3. Date Incorporated or Qualified 11/07/1996	3a. Date of Last Report N/A
4. FEI Number 65-0705331	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	
81 Name THOMAS L. IVONE	82 Street Address (P.O. Box Number is Not Acceptable) 3900 COUNTY LINE ROAD
83 SUITE # 13 B	84 City TEQUESTA
85 Zip Code 33469	86 State FL

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	86 State

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 **THOMAS L. IVONE - THOMAS L. IVONE** DATE **APRIL 19, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IVONE, THOMAS L		1.2 NAME IVONE, JEAN L.	
STREET ADDRESS 3900 COUNTY LINE ROAD, SUITE 13B		1.3 STREET ADDRESS 3900 COUNTY LINE ROAD, SUITE 13 B	
CITY - ST - ZIP TEQUESTA FL 33469		1.4 CITY - ST - ZIP TEQUESTA, FL., 33469	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IVONE, JEAN L		2.2 NAME IVONE, THOMAS L.	
STREET ADDRESS 3900 COUNTY LINE ROAD, SUITE 13B		2.3 STREET ADDRESS 3900 COUNTY LINE ROAD, SUITE 13 B	
CITY - ST - ZIP TEQUESTA FL 33469		2.4 CITY - ST - ZIP TEQUESTA, FL., 33469	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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"/> Addition
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"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: **THOMAS L. IVONE - THOMAS L. IVONE** DATE: **APRIL 19, 1997 (521) 744-0186**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0331923

CR2E034 (9/96)