


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

FILED

Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90025 023 ****150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000094950

1. Corporation Name
EON SERVICES, INC.

Principal Place of Business
2701 AVON BOULEVARD
AVON PARK FL 33825

Mailing Address
2701 AVON BOULEVARD
AVON PARK FL 33825



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/06/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
29	Zip	30	Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GENSOLIN, ESTRELLITA B
2701 AVON BOULEVARD
AVON PARK FL 33825

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENSOLIN, NORMAN T	1.2 NAME	
STREET ADDRESS	2701 AVON BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENSOLIN, ESTRELLITA B	2.2 NAME	
STREET ADDRESS	2701 AVON BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENSOLIN, ESTRELLITA B	3.2 NAME	
STREET ADDRESS	2701 AVON BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENSOLIN, ESTRELLITA B	4.2 NAME	
STREET ADDRESS	2701 AVON BOULEVARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENSOLIN, ESTRELLITA B	5.2 NAME	
STREET ADDRESS	2701 AVON BOULEVARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENSOLIN, ESTRELLITA B	6.2 NAME	
STREET ADDRESS	2701 AVON BOULEVARD	6.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

NORMAN T. GENSO LIN
1/29/99 941 3856655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR