

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

97 SEP 12 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V03011 (6)**  
1. Corporation Name  
**VARON ASSOCIATES INCORPORATED**



Principal Place of Business  
**713 MILLIFOLD PL  
BRANDON FL 33510**

Mailing Address  
**713 MILLIFOLD PL  
BRANDON FL 33510**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **2421 VALRICO FOREST DR.**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **2421 VALRICO FOREST DR.**  
Suite, Apt. #, etc.

22

23 City & State  
**VALRICO FL**

24 Zip **33594** 25 Country **USA**

27

28 City & State  
**VALRICO FL**

29 Zip **33594** 30 Country **USA**

3. Date Incorporated or Qualified  
**01/01/1992**

3a. Date of Last Report  
**03/25/1996**

4. FEI Number  
**65-0305902**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**VARON, MARTIN D.  
713 MILLIFORD PL  
BRANDON FL 33510**

10. Name and Address of New Registered Agent

81 Name **VARON, MARTIN D.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2421 VALRICO FOREST DR.**

83

84 City **VALRICO** FL 85 Zip Code **33594**

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 *Martin D. Varon* **MARTIN D. VARON** **10 SEP 97**  
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	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>VARON, DAVID</b>	
STREET ADDRESS	<b>2521 NW 104TH AVE</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>SYLVIA VARON</b>	
STREET ADDRESS	<b>2521 N.W. 104TH AVENUE</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>VARON, MARTIN D.</b>	
STREET ADDRESS	<b>713 MILLIFOD PL</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>800002294778--4</b>
1.3 STREET ADDRESS	<b>-09/16/97--01079--020</b>
1.4 CITY-ST-ZIP	<b>****550.00 ****550.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SAME</b>
3.3 STREET ADDRESS	<b>2421 VALRICO FOREST DR.</b>
3.4 CITY-ST-ZIP	<b>VALRICO, FL 33594</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*A. Alaw*  
**9/12/97**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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.

CR2E034 (4/97)

813