


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

FILED

Feb 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V42774 (2)</b>					
1. Corporation Name <b>G. AVEDON, INC.</b>					
Principal Place of Business <b>1300 BAYVIEW CIR FT LAUDERDALE FL 33326</b>			Mailing Address <b>1300 BAYVIEW CIR FT LAUDERDALE FL 33326</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/08/1992</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0348242</b>	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>AVEDON, GREGG M. 1300 BAYVIEW CIR FT LAUDERDALE FL 33326</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 607.0802 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 607.0605, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1. TITLE <input type="checkbox"/> DELETE					
NAME <b>P AVEDON, GREGG M.</b>					
STREET ADDRESS <b>1300 BAYVIEW CIR</b>					
CITY-ST-ZIP <b>FT LAUDERDALE FL</b>					
2. TITLE <input type="checkbox"/> DELETE					
NAME <b>VP AVEDON, TRACY L.</b>					
STREET ADDRESS <b>1300 BAYVIEW CIRCLE</b>					
CITY-ST-ZIP <b>FT LAUDERDALE FL</b>					
3. TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
4. TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
5. TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
6. 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					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
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					
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.					
SIGNATURE: <b>Tracy L. Avedon</b> 2/10/98 954-384-4534					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/97)