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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90034 031 \*\*\*150.00

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # J58612

**AUTOMATED SONIX CORPORATION** 

Principal Place	of Business	Mailing Address				• •	
P O BOX 3340 PO BOX 1888							1 1 0 1
PLACIDA FL 33946		BOCA GRANDE FL 33921		DO NOT WRITE IN THIS SPACE			
US ·		US				E IN THIS SPACE	
					3. Date Incorporated or Qualifed		
				_~	02/20/1987	<del></del>	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<del></del>	pplied For
21		26			59-2770331		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		5. Certifcate of Status Desired		Additional
22	*	27			5. Cermone of Status Bosines	Fee R	tequired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip .	Country	Zip	Countr	/	8. This corporation owes the curre	nt vear Intangible	-
·	25		30	,	Personal Property Tax.	Yes	□No
24	9. Name and Address of Current	<u> </u>	101		10. Name and Address of New R	egistered Agent	
	9. Name and Address of Current	Registered Agent	81	Name			
CAG	ANEK, IGOR		"	11441110	<u> </u>		
			82	Street A	ddress (P.O. Box Number is Not Acceptal	ble)	
	1 SUNSET PINES CIR		<u>L</u>		- بغورة عقورة عالم الله الله الله الله الله الله الله ا	a in a second blood and second	r man wrang rang
	BOX 1888		83	3			
BOC	A GRANDE FL 33921	•	84	City	1,31,52,53,13,13,13,13,13,13		Code
		•	1	1	•	. FL!!	, · ·
44 Dijenjant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	s, the abov	/e-named co	orporation submits this statement for the pation's board of directors. I hereby accept	purpose of changing it	s registered
					ation's board of directors. I hereby accep	t the appointment as r	egistered .
US agent. La	m familiar with, and accept the obligati	ons of, Section 607.0505, Flore	da Statute	S.	· · · · · · · · · · · · · · · · · · ·		
SIGNATURE						DATE	<del>-</del>
	Signature, typed or printed name of registered agent			ent signature req	uired when reinstating) (		ORS IN 12
12.	OFFICERS AND		13.	·		☐ Change	
TITLE	D	☐ DELETE	1.1 TITLE			_ onango	
NAME	CAGANEK, IGOR		1.2 NAME		•		•
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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.

941-964 - 1361