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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

|  | MÊNT # P93000<br>Onisor, inc.         | 0031793 (1)   |   | 1 (12) 1001 110 (12/12 (1)) (1 (2)) (1 (2)) (1 (2)) (1 (2)) (1 (2)) (1 (2)) (1 (2)) (1 (2)) (1 (2)) (1 (2)) (1 | BANAG (1) AN 1/18/1/18/1/18/1/18/1/19/1/18/1/19/1/18/1/19/1/18/1/19/1/18/1/19/1/18/1/19/1/18/1/19/1/18/1/19/1 |
|--|---------------------------------------|---|---|--|---|
| Principal Place of Business Mailing Address                                    |                                       |   |   |  | E (188   1181   1181   188   8   8   8   8  |
| 1 FLORIDA PARK DR. S.<br>SUITE #112<br>PALM COAST FL 32137                     |                                       | 1 FLORIDA PARK DR. S.<br>Suite #112<br>Palm Coast Fl 32137-3801 |   |  |   |
| US   |                                       | US .  |   | <ol> <li>Date Incorporated or Qualified<br/>05/03/1993</li> </ol>  | 3a. Date of Last Report 08/13/1996  |
| 2. Principal P   | Place of Business                     | 2a. Mailing Address   |   | 4. FEI Number  | Applied For   |
| 21   |                                       | 26  |   | 98-0136277   | Not Applicable  |
| Suite, Apt. #, etc.  |                                       | Suite, Apt. #, etc.   |   | 5. Cortificate of Status Desired   | \$8.75 Additional   |
| City & State   |                                       | City & State  |   | & Flation Compaign Flyensing   | Fee Required  |
| 23   |                                       | 28  |   | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be Added to Fees   |
| Zip  | Country<br>25                         | Zip   | Country<br>30   | 8. This corporation has liability for a  |   |
| 24   | 9. Name and Address of Curre          |   | 30  | 10. Name and Address of New Reg  |   |
| 1 FL<br>SUIT<br>PALI<br>11. Pursuani<br>office or r<br>agent. I a<br>SIGNATURE | m familiar with, and accept the oblig | patrions of, Section 607.0505, Flor                             | 83 SULF<br>84 City In<br>84 City In<br>185 the above named cor<br>ulthorized by the corpora<br>rida Statutes. |  | FL 85 7/p Code 32/32 urpose of changing its registered the appointment as registered                          |
| 12.  | OFFICERS AN                           | ID DIRECTORS  | 13.   | ADDITIONS/CHANGES TO OFFIC   | Change Addition   |
| NAME   | LARSSON, KJELL                        | - DATE  | 1.2 NAME  |  | C Outlings C Norman   |
| STREET ADDRESS   | 9 FERN CT.                            |   | 1.3 STREET ADDRESS  |  |   |
| CITY-ST-ZIP  | PALM COAST FL 32137                   |   | 1.4 CHY-S1-ZIP  |  |   |
| TITLE  | D                                     | DELETE  | 2.1 1/1LF   |  | Change Addition   |
| NAME   | LARSSON, EVA                          |   | 22 NAME   |  |   |
| STREET ADDRESS   | 9 FERN CT.                            |   | 2.3 STAFFT ADDRESS  |  |   |
| CITY-ST-ZIP  | PALM COAST FL 32317                   | D DELCTIC   | 2. 4 G(1Y+S1-2IP  |  | Charles T Addition  |
| TITLE  |                                       | DELETE  | 3.1 T(1), F   |  | Change L Addition   |
| NAME<br>Street Address   |                                       |   | 3.2 NAME<br>3.3 STREL1 ADDRESS  |  |   |
| CITY-ST-ZIP  |                                       |   | 3.4. C4TY - ST - ZIP  |  |   |
| TITLE  |                                       | DELETE  | 4 1 HILE  |  | Change Addition   |
| NAME   |                                       |   | 4. 2 NAME   |  | - '   |
| STREET ADDRESS   |                                       |   | 4.3 \$1REET ADDRESS   |  |   |
| CITY-ST-ZIP  |                                       |   | 4.4 CITY - ST - ZIP   |  |   |
| TITLE  |                                       | DELETE  | 5.1 THE   |  | Change Addition   |
| NAME   |                                       |   | 5.2 NAME  |  |   |
| STREET ADDRESS   |                                       |   | 5.3 STREET ADDRESS  |  |   |
| CITY-ST-ZIP  |                                       | T OF LET  | 5.4 CITY - S1 - ZIP   | ·  | Change Addition   |
| TITLE  |                                       | DELETE  | 6.1 NOLE  |  | Change Addition   |
| NAME<br>OTOGET ADDRESS   |                                       |   | 6.2 NAME  |  |   |
| STREET ADDRESS   | Į                                     |   | 6.3 STREET ADDRESS  |  |   |
| CITY-ST-ZIP  | <u> L</u>                             |   | 64 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 comporation 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 of inged, or on an attachment with an address.

4/29/92

**FILED** 

May 14 1997 8:00am

Secretary of State