

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000000062 (6)**

1. Corporation Name

AMERICAN GENERAL IONICS, INC.



Principal Place of Business

**3745 NORTH FLORIDA AVE
TAMPA FL 33603**

Main Address

**3745 NORTH FLORIDA AVE.
TAMPA FL 33603**

2. Principal Place of Business

2a. Mailing Address

21 Suffix, Apt. #, etc.
22 City & State
23 Zip Country
24

26 Suffix, Apt. #, etc.
27 City & State
28 Zip Country
29

g. Name and Address of Current Registered Agent

**MARTINEZ, DANIEL F ESQ.
1201 SWANN AVENUE
TAMPA FL 33606**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

3. Date Incorporated or Qualified **12/30/1994** 3a. Date of Last Report **09/25/1995**
4. FEI Number **59-3292293** Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.02 and 607.04, Florida Statutes, the undersigned 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, Sections 607.02 and 607.04, Florida Statutes.

SIGNATURE

Signature of the President, Secretary, Treasurer, or Director

Signature of the Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCANIO, MICHAEL	
STREET ADDRESS	13911 SHADY SHORES DR.	
CITY-STATE-ZIP	TAMPA FL 33613	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SCANIO, VINCENT	
STREET ADDRESS	1004 ECKLES DRIVE	
CITY-STATE-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCANIO, JIMMIE	
STREET ADDRESS	10901 HONEY HILL DR.	
CITY-STATE-ZIP	TAMPA FL 33625	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCANIO, IDA	
STREET ADDRESS	10901 HONEY HILL DR.	
CITY-STATE-ZIP	TAMPA FL 33625	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MULLER, ERIC	
STREET ADDRESS	10114 LINDELAAN DRIVE	
CITY-STATE-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied in this report is true, valid, and I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report is correct or supplemented as required by law, and I do hereby certify that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this corporation or the treasurer or trustee in charge of this corporation as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of this journal, or on an attached statement of fees.

SIGNATURE: *Michael Scanio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (813) 223-7718

CR2E034 (12/95)