

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 439486 (2)
1. Corporation Name
STERIDYNE CORPORATION



Principal Place of Business: **3725 INVESTMENT LANE RIVIERA BEACH FL 33404**
Mailing Address: **3725 INVESTMENT LANE RIVIERA BEACH FL 33404**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1973		3a. Date of Last Report 04/20/1995	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FREEMAN, DONALD 1400 CENTRE PARK BLVD. SU 909 J.W. PALM BEACH FL 33401				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. Zip Code			
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.							

9. Name and Address of Current Registered Agent: **FREEMAN, DONALD, 1400 CENTRE PARK BLVD. SU 909, J.W. PALM BEACH FL 33401**

10. Name and Address of New Registered Agent: **FL** (City and Zip Code)

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	PONCY, JR, G W	1.2 NAME	PONCY, JR, GW
STREET ADDRESS	101 EBBTIDE DR.	1.3 STREET ADDRESS	15 SOUTH BEACH ROAD
CITY-ST-ZIP	N. PALM BEACH FL	1.4 CITY-ST-ZIP	HOBE SOUND, FL 33457
TITLE	VD	2.1 TITLE	SAME
NAME	PONCY, MARK P	2.2 NAME	
STREET ADDRESS	103 SCHOONER LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD
NAME	PONCY, RICHARD P	3.2 NAME	PONCY, RICHARD P
STREET ADDRESS	2019 ROLLING GREEN DR.	3.3 STREET ADDRESS	120 SPINNAKER LANE
CITY-ST-ZIP	N. PALM BCH. FL	3.4 CITY-ST-ZIP	JUPITER, FL 33477
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	700001802317
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-05/01/96--01007--039
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ Date: **4/23/96** Daytime Phone #: **407-844-3486**

CR2E034 (12/95)

4-30-96