

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:52

DOCUMENT # F86749

(1)

1. Corporation Name

SONITEC SYSTEMS, INC.

Principal Place of Business

**910 BRITT CT., SUITE 172
P.O. BOX 151535 ZIP 32715-1535
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**910 BRITT CT., SUITE 172
P.O. BOX 151535 ZIP 32715-1535
ALTAMONTE SPRINGS FL 32701**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1982

3a. Date of Last Report

05/26/1994

4. FBI Number

59-2214865

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**

7. This corporation has liability for intangible tax under S. 190.012
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ICARDI, ALDO, ESQUIRE
900 LEWIS DRIVE
WINTER PARK FL 32780**

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 607.0502 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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PT

NAME

SOONE, MICHAEL N.

STREET ADDRESS

1068 BLUE HORIZON DR.

CITY, ST, ZIP

DELTONA FL

TITLE

~~VPS.~~

NAME

~~SONNE, ANGELA D.~~

STREET ADDRESS

~~1068 BLUE HORIZON DR.~~

CITY, ST, ZIP

~~DELTONA FL~~

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

VP/Sec.

R. Shirley Sonne

300 Drosdick Dr.

Casselberry, FL. 32707

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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 110.07(3)(b), 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

Angela D. Sonne *R. Shirley Sonne* **6/28/95**

331-5812

SIGNATURE AND TYPED OR PRINTED NAME OF MOVERING OFFICER OR DIRECTOR