

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F86749

(1)

1. Corporation Name

SONNTEC 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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

ICARDI, ALDO, ESQUIRE
900 LEWIS DRIVE
WINTER PARK FL 32789

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
06/24/1982

3a. Date of Last Report
06/30/1995

4. FEI Number
59-2214885

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

SIGNATURE

Signature of the person who is filing this report (not for agent)

(Not to be used if agent is filing this report)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

VPS

STONE, R. C.

300 DROSDICK DR

CASSELBERRY FL

R. SHIRLEY SONNE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

PRESIDENT
N. MICHAEL SONNE
1068 BLUE HORIZON DRIVE
DELTONA, FL. 32725

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:

R. Shirley Sonne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP/ST- 3/18/96(402) 331-4809

CR2E034 (12/95)