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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32701-2062



2. Principal Place of Business

21 2499 Old LK Mary Rd
Suite, Apt. #, etc.

22 132

23 SANFORD FL 328

24 32711-413

25 Seminole

2a. Mailing Address

26 P.O. Box 151535
Suite, Apt. #, etc.

27

28 ALTAMONTE Spgs FL

29 32715-1535

30 Seminole

3. Date Incorporated or Qualified

06/24/1982

3a. Date of Last Report

03/26/1996

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

9. Name and Address of Current Registered Agent

ICARDI, ALDO, ESQUIRE
900 LEWIS DRIVE
WINTER PARK FL 32769

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPS ☐ DELETE

NAME SONNE, R. SHIRLEY
STREET ADDRESS 300 DROSDICK DR
CITY-ST-ZIP CASSELBERRY FL

TITLE P ☐ DELETE

NAME SONNE, N. MICHAEL
STREET ADDRESS 1068 BLUE HORIZON DR
CITY-ST-ZIP DELTONA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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

3-31-97 407-831-2642

CR2E034 (9/96)