FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT



FLORIDA DEPARTMENT OF STATE

FILED Apr 03 1998 8:00am

ANN	CORPORATION NUAL REPORT Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
1. Corporatio	MENT # ONIX, INC.	F9400000	4688 (7)		
Principal Plac	e of Business	M	ailing Address		
2075 PERIWINKLE WAY #12 2075 PERIWINKLE WAY SAMBEL FL 33957 #12 SANIBEL FL 33957 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
			, Mailing Address		09/12/1994
21	tace of Dosiness	26	Maining Address		4. FEI Number Applied For Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat	Θ	28	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	25	ountry 29	Zip	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sime\) No
		ddress of Current Regis	tered Agent		10. Name and Address of New Registered Agent
DINICOLA, VINCENT 800 ESTERO BLVD. FORT MYERS BEACH FL 33931 81 Name 82 Street Address (P.S. Box Number is Ngt Acceptable) # /2 83 83 84 SHANIBEL FL 85 3,9957					
SIGNATURE	to the provisions of registered agent, or im familiar with, and Signature, typed or printed	I name of registered ages I and title	u Vince/	Ites, the above-named authorized by the con- lorida Statutes OTE: Registered Agent signature	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered 3-30-88 Tereguired when reinstating) DATE
12, TITLE	D	OFFICERS AND DIREC	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
NAME STREET ADDRESS	BAUER, DONA 600 ESTERO I	BLVD.		1.2 NAME 1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	FORT MYERS	BEACH	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Mage Addition
NAME STREET ADDRESS	DINICOLA, VIN 600 ESTERO I			O O NIANE	1732 SURENITY LANE SANIBUL, FL 33957
CITY-ST-ZIP	FORT MYERS	BEACH		2 4 CITY - ST - ZIP	SANIBEL, FL 3395/
TITLE NAME			DELETE	3.1 TITLE 3.2 NAME	Change Addition :
STREET ADDRESS				3.3 STREET ADDRESS	
CITY-ST-ZIP	}			3.4. CITY-ST-2IP	
TITLE			DELETE	4.1 TITLE	☐ Change ☐ Addition
NAMÉ				4. 2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP			DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
title Name	1		_ otter	5.1 (I/LE 5.2 NAME	End Orlande C Mitation
STREET ADDRESS				5.3 STREET ADDRESS	
CITY - ST - ZIP				5.4 CITY - ST - ZIP	
TITLE			☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	

14. I 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 trustoc 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.