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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90029 008 \*\*\*150.00

DOCUMENT # F9600001532  1. Corporation Name SULFONICS, INC.					
SULFOR	103, 1140,			I 180KER ISHO ISHI DUNI GANK BOKI BOKI GANK BOKI	II 11981 B1108 11110 IIII 1801
Principal Place	of Business	Mailing Address			
12085 RESEARCH DR 12085 RESEARCH DR				ļ	
ALACHUA FL 32615 US  ALACHUA FL 32615 US			DO NOT WRITE IN THIS SI	PACE	
00		00		3. Date Incorporated or Qualifed	
				03/26/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 Suite Ant # etc		95-4512061	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22 City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intan	
24	25	29 30	<u> </u>	1 Grootian 1 toponty 1 axi	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Ag	^
BENI	NER, STEVEN A			KEN CORNELL (Kennoth M.	(ornell)
1501 NW 687H TERRACE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
			83	J VONNEY NOTAL	
			84 City		85 Zip Code
			1 31 8	KHVA FL	32615
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 the corporation's board of directors. I hereby accept the appointment					anging its registered
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. I both, if 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 oblige loss of, Section 607.0505, Florida Statutes.					
SIGNATURE	full tall	Kenneth	M. Cornell	7/1/4	7
12,	Signature, typed or printed name of registered agent OFFICERS AN		gistered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PCEO	DELETE	1,1 TITLE		Change
NAME	BREEDLOVE, ROBERT M	_	1.2 NAME		
STREET ADDRESS	12085 RESEARCH DRIVE		1.3 STREET ADDRESS		i i
CITY-ST-ZIP	ALACHUA FL 32615		1.4 CITY-ST-ZIP		
TITLE	С	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Benner, Steven A		2.2 NAME		
STREET ADDRESS	1501 NW 68TH TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605	— — — — — — — — — — — — — — — — — — —	2. 4 CITY-ST-ZIP		Change Addition
TITLE	D OLLABOR OIDEON	☐ DELETE	3.1 TITLE 32 NAME	'	
NAME	SHAPIRO, GIDEON		3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	12085 RESEARCH DRIVE ALACHUA FL 32615		3.4. CITY-ST-ZIP		
TITLE	S	DELETE		3 00 4 11	Change Addition
NAME	KEN CORNELL		4.2 NAME	Kenneth M. Cornell	
STREET ADORESS	12005 RESEARCH DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615		4.4 CITY-ST-ZIP		
ΤΠ\E	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	J. DAVID ROZZELL	ı	5.2 NAME		)
STREET ADDRESS	437 South GUARAG ST.	l	5.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK, CA 91506	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE		☐ Nereic	6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS					<b></b>

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 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, with all other like empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

B 904 462 2000

CR2E034 (11/98)