

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

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90065 014 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006555**

1. Corporation Name  
**METROSONICS, INC.**

Principal Place of Business  
**PO BOX 23075  
ROCHESTER NY 14692**

Mailing Address  
**PO BOX 23075  
ROCHESTER NY 14692**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/16/1996**

4. FEI Number  
**16-1019452**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**SLATTERY, JAMES  
724 MALONE DR  
ORLANDO FL 32810**

10. Name and Address of New Registered Agent

81 Name <b>CT Corporation System</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Rd</b>
83
84 City <b>Plantation</b>
85 Zip Code <b>FL 33324</b>

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P UNGER, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>1 DRUMLIN SQ</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W HENRIETTA NY 14586</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>C WENDELN, KENNETH</b>	2.2 NAME	
STREET ADDRESS	<b>1 DRUMLIN SQ</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W HENRIETTA NY 14586</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ST KNOX, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>87 MODULAR AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COMMACK NY 11725</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP SHAH, PRABODH</b>	4.2 NAME	
STREET ADDRESS	<b>1 DRUMLIN SQ</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W HENRIETTA NY 14586</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

**SIGNATURE REQUIRED**

**3/8/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRPE034 (11/98)