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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name

(2)

FILED

May 07 1998 8:00am

Secretary of State

***************************************	RONICS OF TAMPA, INC.					
Principal Place	e of Business	Mailing Address				Athie Rivil Birli Giril Birli 1881
4015 W. OSBORNE AVE 4329 SOUTH TAMPA FL 33614 TAMPA FL 33			RT		DO NOT WRITE IN TI	HIS SPACE
ŲS					3. Date Incorporated or Qualified	
					12/11/1986	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apl. #, etc.		59-2742866	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No
	9, Name and Address of Curr	eni negistered Agent		81 Name	10. Name and Address of New Registe	ned Agent
	SENMYER, DALE L.					
	29 \$. HUBERT AVE.			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
IAN	MPA FL 33611			83		
				B4 City		85 Zip Code
				I '		 -
office or re	egistered agent or both, in the Sta	te of Florida. Such chance	i was authorize	d by the corpo	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its registered appointment as registered
agent. I a	m familiar with, and accept the obt	igations of, Section 607.050	05, Florida Stat	utes.		
SIGNATURE	Signature, typed or painted name of registered a	arient and title if anylicable	(NO1) Registere	l Agont signature re	egured when reinstating) DA	NTE.
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DOLLEY	TÉ 1.1 11	1 F		17 A
-	, v	☐ DELET	1.711	٠.		Change Addition
NAME	FASENMYER, DALE	☐ DELE	1.2 N/	į		Change Li Addition
	Fasenmyer, dale 4329 South Hubert	DELEI	1.2 N/	į		Change Li Addition
NAME STREET ADDRESS CITY-ST-ZIP	FASENMYER, DALE		1.2 N/ 1.3 ST 1.4 C(ME HEET ADDRESS TY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	Fasenmyer, dale 4329 South Hubert	☐ DELET	1.2 N/ 1.3 S1 1.4 C0 TE 2.1 T1	ME HEET ADDRESS IY-SI-ZIP LE		Change Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fasenmyer, dale 4329 South Hubert	□ DELET	12 NV 13 ST 14 CU TE 21 TI 22 NV 23 SI 2 4 C	ME REET ADDRESS IY-SI-ZIP LE MF REET ADDRESS IY-SI-ZIP		
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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 13 if changed, or or in a stachment with an address.