

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

FILED

Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # J51792 (6)

1. Corporation Name
ONICON INCORPORATED

Principal Place of Business % MARVIN J. FELDMAN 2161 LOGAN ST CLEARWATER FL 34625-1312	Mailing Address % MARVIN J. FELDMAN 2161 LOGAN ST CLEARWATER FL 34625-1312
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/14/1987		4. FEI Number 59-2769898		Applied For Not Applicable	
5. Certificate of Status Desired ☐		6. Election Campaign Financing Trust Fund Contribution ☐		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent FELDMAN, MARVIN J. 2161 LOGAN ST CLEARWATER FL 00545 33765-1312				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	NAME	FELDMAN, MARVIN J.	1.1 TITLE		1.2 NAME	
STREET ADDRESS		STREET ADDRESS	2161 LOGAN ST	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	CLEARWATER FL	2.1 TITLE		2.2 NAME	
TITLE	S	NAME	DAVIS, ADRIENNE L.	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	3376 BRAIN ROAD, SO.	3.1 TITLE		3.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP	PALM HARBOR FL	3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE	V	NAME	FELDMAN, LINDA	4.1 TITLE		4.2 NAME	
STREET ADDRESS		STREET ADDRESS	2161 LOGAN ST.	4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	CLEARWATER FL	5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS		6.1 TITLE		6.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP		6.3 STREET ADDRESS		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.

SIGNATURE *Linda Feldman* LINDA FELDMAN 3-30-98 (813) 447-6140

CR2E034 (10/97)