FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000008255 (0)**

1. Corporation Name

FITONICS, INC.

Principal Place of Business	Mailing Address
1154 WESTWAY DR. 720 S ORANGE AVE SARASOTA FL 34236 US	1154 WESTWAY DR. 720 S ORANGE AVE SARASOTA FL 34236 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1993
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21 4727 E. Indian Bend Rd.
Suite, Apt. #, etc. 22
City & State 23 Paradise Valley, AZ
Zip 24 85253 Country 25 Maricopa

2a. Mailing Address
26 15 Crossroads, Ste.312
Suite, Apt. #, etc. 27
City & State 28 Sarasota, FL
Zip 29 34239 Country 30 Sarasota

4. FEI Number: 65-0425579 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~SHEA, JOHN J JR~~
~~720 S ORANGE AVE~~
~~SARASOTA FL 34236~~

10. Name and Address of New Registered Agent

81 Name: Harold W. Mullis, Jr., Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 101 E. Kennedy Boulevard
83 Suite 2700
84 City: Tampa FL 85 Zip Code: 33602

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: Harold W. Mullis, Jr., Esquire 4/4/95
Signature, type or printed name of registered agent and title, if applicable — Name of Registered Agent (required) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	~~SCHNELL, DONALD BURTON~~	12 NAME	
STREET ADDRESS	~~1154 WESTWAY DR~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~SARASOTA FL~~	14 CITY ST ZIP	
TITLE	~~VP~~ P, S, D	21 TITLE	P,S,T XX Change ☐ Addition
NAME	DIAMOND, MARILYN	22 NAME	Marilyn Diamond
STREET ADDRESS	1154 WESTWAY DR	23 STREET ADDRESS	15 Crossroads, Suite 312
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	Sarasota, FL 34239
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(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: Marilyn Diamond, President
Marilyn Diamond, President 602-840-4503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/17/95

0341470 CP