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

DOCUMENT # P93000032460 (6)

1. Corporation Name

BIONIC CORPORATION

Principal Place of Business	Mailing Address
7775 SAVANNAH CT. NAPLES FL 33942	7775 SAVANNAH CT. NAPLES FL 33942

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/04/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 7775 Savannah Ct. Naples, FL. 33942

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 Naples, FL.

City & State
28

Zip: 24 33942 Country: 25 Collier

Zip: 29 Country: 30

4. FEI Number: ~~APPLIED FOR~~ 65-0466675 ☒ 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

HOOLEY, JOHN F
2[illegible] GOODLETTE ROAD, SIXTH FLOOR
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: Guidrun M. Nickel, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 350 Fifth Ave. South, STE 200
83
84 City: Naples FL 85 Zip Code: 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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: X [illegible] 1.17.95
Signature of new or previous registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Dr. ☒ Change ☐ Addition
NAME	DAMMINGER, RUDOLPH K	1.2 NAME	Damminger Rudolf, Klemens
STREET ADDRESS	ERLENBRUNNER STRAS 17	1.3 STREET ADDRESS	Reiterstrasse 28
CITY-ST-ZIP	6780 PIRMASENS, GERMANY	1.4 CITY-ST-ZIP	66954 Pirmasens, Germany
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	DAMMINGER, HEIDE	2.2 NAME	Damminger, Heidi
STREET ADDRESS	ERLENBRUNNER STRAS 17	2.3 STREET ADDRESS	ReiterStrasse 28
CITY-ST-ZIP	6780 PIRMASENS, GERMANY	2.4 CITY-ST-ZIP	66954 Pirmasens
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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(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: [illegible] Heidi Damminger 1.17.95 813-455-7693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0327685 CP