

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000032460 (6)

1. Corporation Name:
BIONIC CORPORATION



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

3. Date Incorporated or Qualified: **05/04/1993**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **65-0488895**
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

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent

**NICKEL, GUDRUN M PA
350 FIFTH AVE SOUTH, STE 200
NAPLES FL 33940**

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 607.0102 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 of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

1. TITLE: **D** DELETE
NAME: **DAMMINGER, RUDOLF K DR**
STREET ADDRESS: **REITERSTRASSE 28**
CITY, STATE, ZIP: **PIRMASENS GE**

2. TITLE: **D** DELETE
NAME: **DAMMINGER, HEIDI**
STREET ADDRESS: **REITERSTRASSE 28**
CITY, STATE, ZIP: **PIRMASENS GE**

3. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, STATE, ZIP:

4. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, STATE, ZIP:

5. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, STATE, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: Change Addition
2. NAME:
3. STREET ADDRESS:
4. CITY, STATE, ZIP:

5. TITLE: Change Addition
6. NAME:
7. STREET ADDRESS:
8. CITY, STATE, ZIP:

9. TITLE: Change Addition
10. NAME:
11. STREET ADDRESS:
12. CITY, STATE, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate and that I am an officer or director of the corporation or the receiver or trustee of the corporation. 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 of the corporation. I further certify that I execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed since an attachment with a copy of the report is not required for the exemption stated in Section 119.07(3)(k), Florida Statutes.

SIGNATURE: *Heidi Damminger* **Damminger, Heidi** Jan 21, 98 841-455-7023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)