SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

Address after Nov. 1, 1996:
Nelsonics, Inc
7569 Doubleton Dr.
Delray, Fl 33446

DOCUMENT # P93000039201

1. Corporation Name
NELSONICS, Inc.

Principal Place of Business / Mailing Address
11928 Royal Palm Blvd.
Coral Springs, Fl 33065
☆ AFTER Nov. 1: 7569 Doubleton Dr, Delray, Fl 33446

2. Principal Place of Business
21 Nelsonics, Inc.
Suite, Apt. #, etc.
22 11928 Royal Palm Blvd
City & State
23 Coral Springs, Fl
Zip
24 33065
County
25 USA

2a. Mailing Address
26 Nelsonics, Inc.
Suite, Apt. #, etc.
27 11928 Royal Palm Blvd
City & State
28 Coral Springs, Fl
Zip
29 33065
Country
30 USA

3. Date Incorporated or Qualified: 7-1-94
3a. Date of Last Report: 6-1-95
4. FEI Number: 65-0422017
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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
Robert N. Nelson
11928 Royal Palm Blvd.
Coral Springs, Fl 33065

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 or 617.0502, 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: Robert N. Nelson 6-1-96

12. OFFICERS AND DIRECTORS

Field	Entry
TITLE	President [ ] DELETE
NAME	Robert N. Nelson
STREET ADDRESS	11928 Royal Palm Blvd,
CITY-ST-ZIP	Coral Spring, Fl 33065
TITLE	VP/Secretary [ ] DELETE
NAME	Suzanne Nelson
STREET ADDRESS	11928 Royal Palm Blvd,
CITY-ST-ZIP	Coral Springs, Fl 33065
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (each entry: TITLE [ ] Change [ ] Addition; NAME; STREET ADDRESS; CITY-ST-ZIP — all blank)

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-06/18/96--01132--009
***225.00

6/17/92

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: Robert N. Nelson 6-1-96 954-346-7056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)