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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #	P93000039201
4 Cornection Name	

NELSONICS, INC.

## **FILED** Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90140 022 \*\*\*150.00

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Principal Place of Business	Mailing Address				
7569 DOUBLETON DR	7569 DOUBLETON DR				
DELRAY BEACH FL 33446	DELRAY BEACH FL 33446 US		DO NOT WRIT	E IN THIS SPACE	
US	03		3. Date Incorporated or Qualifed		
			06/02/1993		
2. Principal Place of Business	2a. Mailing Address	ماء طط	4. FEI Number	Арр	plied For
21 5301 Arthur 57.	26 3060 Dove	Chase CT	65-0422017		t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22	27			Fee Re	
City & State  23 Holly wood, FI	City & State  28 SOCIIVILE	60	6. Election Campaign Financing Trust Fund Contribution	□ \$5.00 Added to	, ,
Zip Country	Zip	Country	8. This corporation owes the curre	nt year Intangible	0.0
21 33 02 0 25 USA	29 3 0 0 3 9 30	USA	Personal Property Tax.	☐ Yes	[]XVo
9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent	
NELCON DODEST		81 Name			
NELSON, ROBERT	•	82 Street Addr	ress (P.O. Box Number is Not Acceptal	ble)	
7569 DOUBLETON DR		-			
DELRAY BEACH FL 33446		83			
		84 City		FL 85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502	and 607 1508 Florida Statutes 1	the above-named com	poration submits this statement for the	ournose of changing its	registered
I affice or registered agent or both in the State of	i Florida. Such change was autho	onzea by the corporation	on's board of directors. I hereby accept	the appointment as reg	gistered
agent. I am familiar with, and accept the obligation	ons or, Section 607.0505, Florida	Statutes.			
SIGNATURE					
Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Regi	istered Agent signature require	d when reinstating)	DATE	
Signature, typed or printed name of registered agent a  12. OFFICERS AND		istered Agent signature require	d when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	
Signature, typed or printed name of registered agent a		13.	ADDITIONS/CHANGES TO OFF		RS IN 12
Signature, typed or printed name of registered agent a  12. OFFICERS AND	DIRECTORS	13. 1.1 TITLE	additions/changes to offelson, Robert	ICERS AND DIRECTO	
Signature, typed or printed name of registered agent a  12. OFFICERS AND  TITLE P	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 3.4	additions ichanges to off elson, Robert 060 Dove Chase	Change	
12. OFFICERS AND TITLE P NAME NELSON, ROBERT	DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	elson Robert 060 Dove Chase C nell ville Ga 30	Change	Addition
12. OFFICERS AND	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	elson Robert 060 Dove Chase C nell ville Ga 30	Change	
12. OFFICERS AND  TITLE P NAME NELSON, ROBERT STREET ADDRESS CITY-ST-ZIP  SIGNATURE SIGNATURE OF THE STATE OF	DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	elson Robert 060 Dove Chase C nell ville Ga 30	Change	Addition
Signature, typed or printed name of registered agent at 2.  OFFICERS AND TITLE P NELSON, ROBERT 7569 DOUBLETON DR DELRAY BEACH FL TITLE V/S NAME NELSON, SUZANNE 7569 DOUBLETON DR STREET ADDRESS 7569 DOUBLETON DR	DIRECTORS  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME	additions/changes to off elson, Robert 060 Dove Chase C nell ville, Ga 36 5 elson Suzanne	Court	Addition
TITLE PALE NOBERT  STREET ADDRESS CITY-ST-ZIP  TITLE V/S  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NELSON, SUZANNE	DIRECTORS  DELETE  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  3.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  5.	elson Robert 060 Dove Chase C nell ville Ga 30	Count	☐ Addition
Signature, typed or printed name of registered agent at 2.  OFFICERS AND TITLE P NELSON, ROBERT 7569 DOUBLETON DR DELRAY BEACH FL TITLE V/S NAME NELSON, SUZANNE 7569 DOUBLETON DR STREET ADDRESS 7569 DOUBLETON DR	DIRECTORS  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  3.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  3.4 CITY-ST-ZIP  3.1 TITLE	additions/changes to off elson, Robert 060 Dove Chase C nell ville, Ga 36 5 elson Suzanne	Court	Addition
TITLE PNAME NELSON, ROBERT 7569 DOUBLETON DR DELRAY BEACH FL  TITLE V/S NELSON, SUZANNE 7569 DOUBLETON DR DELRAY BEACH FL  TITLE V/S NELSON, SUZANNE 7569 DOUBLETON DR DELRAY BEACH FL  TITLE V/S NELSON, SUZANNE 7569 DOUBLETON DR DELRAY BEACH FL  TITLE NAME DELRAY BEACH FL	DIRECTORS  DELETE  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  3.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  3.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME	additions/changes to off elson, Robert 060 Dove Chase C nell ville, Ga 36 5 elson Suzanne	Count	☐ Addition
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TILE P NELSON, ROBERT 7569 DOUBLETON DR DELRAY BEACH FL  TITLE V/S  NAME NELSON, ROBERT 7569 DOUBLETON DR DELRAY BEACH FL  TITLE V/S  NAME NELSON, SUZANNE 7569 DOUBLETON DR DELRAY BEACH FL  TITLE V/S  NELSON, SUZANNE 7569 DOUBLETON DR DELRAY BEACH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL  TITLE NAME  STREET ADDRESS CITY-ST-ZIP TITLE	DIRECTORS  DELETE  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  3.1 TITLE  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.1 TITLE	additions/changes to off elson, Robert 060 Dove Chase C nell ville, Ga 36 5 elson Suzanne	Count	☐ Addition
TILE P NELSON, ROBERT 7569 DOUBLETON DR DELRAY BEACH FL  TITLE V/S NAME NELSON, SUZANNE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL  TITLE V/S NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	DIRECTORS  DELETE  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME	additions/changes to off elson, Robert 060 Dove Chase C nell ville, Ga 36 5 elson Suzanne	Count	Addition Addition
12. OFFICERS AND  12. OFFICERS AND  TITLE P NAME STREET ADDRESS CITY-ST-ZIP  TITLE V/S NAME NELSON, ROBERT  7569 DOUBLETON DR DELRAY BEACH FL  V/S NELSON, SUZANNE  7569 DOUBLETON DR DELRAY BEACH FL  TITLE V/S NELSON, SUZANNE  7569 DOUBLETON DR DELRAY BEACH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	DIRECTORS  DELETE  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS	additions/changes to off elson, Robert 060 Dove Chase C nell ville, Ga 36 5 elson Suzanne	Count	Addition Addition
TITLE P NELSON, ROBERT 7569 DOUBLETON DR DELRAY BEACH FL  TITLE V/S NAME NELSON, SUZANNE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTORS  DELETE  DELETE  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP	additions/changes to off elson, Robert 060 Dove Chase C nell ville, Ga 36 5 elson Suzanne	Count	Addition Addition
TITLE P NELSON, ROBERT 7569 DOUBLETON DR DELRAY BEACH FL  TITLE V/S NELSON, SUZANNE 7569 DOUBLETON DR DELRAY BEACH FL  TITLE V/S NELSON, SUZANNE 7569 DOUBLETON DR DELRAY BEACH FL  TITLE V/S NELSON, SUZANNE 7569 DOUBLETON DR DELRAY BEACH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE	DIRECTORS  DELETE  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS	additions/changes to off elson, Robert 060 Dove Chase C nell ville, Ga 36 5 elson Suzanne	Count Change Change Count Change	Addition Addition Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTORS  DELETE  DELETE  DELETE	13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE	additions/changes to off elson, Robert 060 Dove Chase C nell ville, Ga 36 5 elson Suzanne	Change  Change  Change  Count  Change	Addition Addition Addition Addition

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, with all other like empowered.

**SIGNATURE:**