

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000075206 (1)**

1. Corporation Name
SONOLOGICS, INC.



Principal Place of Business: **15428 PLANTATION OAKS DR UNIT 3 TAMPA FL 33647**
Mailing Address: **15428 PLANTATION OAKS DR UNIT 3 TAMPA FL 33647**

3. Date Incorporated or Qualified: **10/25/1993**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business: **21 5100 Burchette Rd.**
Suite, Apt. #, etc.: **22 #2000**
City & State: **23 Tampa, Fl.**
Zip: **24 33647** Country: **25 Hillsborough**
2a. Mailing Address: **26 5100 Burchette Rd.**
Suite, Apt. #, etc.: **27 #2000**
City & State: **28 Tampa, Fl.**
Zip: **29 33647** Country: **30 Hillsborough**

4. FEI Number: **59-3210074**
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
**GARRISH, ROSANNA
15428 PLANTATION OAKS DR
UNIT 3
TAMPA FL 33647**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **5100 Burchette Rd.**
83 #2000
84 City: **Tampa** FL 85 Zip Code: **33647**

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	GARRISH, ROSANNA	15428 PLANTATION OAKS DR UNIT 3	TAMPA FL 33647	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		5100 Burchette Rd. #2000	Tampa, Fl. 33647	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Rosanna Garrish* DATE: **5/1/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Rosanna Garrish** DATE: **5/1/96** PHONE: **972-3125**

CR2E034 (12/95)