

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 # P94000044471 (8)

1. Corporation Name

ZONIC GROUP, INC.



Principal Place of Business

Mailing Address

**2190 S.E. 17TH STREET, SUITE 306
FT. LAUDERDALE FL 33316**

**2190 S.E. 17TH STREET, SUITE 306
FT. LAUDERDALE FL 33316**

2. Principal Place of Business

21 **5450 NW 33rd Ave**

2a. Mailing Address

26 **5450 NW 33rd Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 111**

27 **Suite 111**

City & State

City & State

23 **Fl. Lauderdale, FL**

28 **Fl. Lauderdale, FL**

Zip

Country

Zip

Country

24 **33309**

25 **USA**

29 **33309**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/14/1994

3a. Date of Last Report

04/21/1995

4. FEI Number

65-0507775

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

10. Name and Address of New Registered Agent

VESTAL, JASON

**2190 S.E. 17TH STREET, SUITE 306
FT. LAUDERDALE FL 33316**

81 Name

VESTAL, JASON

82 Street Address (P.O. Box Number is Not Acceptable)

5450 NW 33rd Ave, Suite 111

83

84

Fl. Lauderdale,

FL

85 Zip Code

33309

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

[Signature] **JASON VESTAL**

4.22.96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D VESTAL, JASON**
STREET ADDRESS **2190 S.E. 17TH STREET, SUITE 306**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **VESTAL, JASON**
1.3 STREET ADDRESS **5450 NW 33rd Ave, Suite 111**
1.4 CITY-ST-ZIP **Fl. Lauderdale, FL 33309**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] **JASON VESTAL**

4.22.96

754-467-888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)