FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:41

DOCUMENT # P94000075874 (5)

1. Corporate Name
SONIC IMAGES, INC.

Principal Office Address
203 FLAGSHIP DRIVE
LUTZ FL 33549

Mailing Address
203 FLAGSHIP DRIVE
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1994
3a. Date of Last Report:

2. Date First Report: 21
2a. Mailing Address: 26

4. FEI Number: 59-327977-0
Applied For
Not Applicable

State Apt # or: 22
State Apt # or: 27

5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required

City & State: 23
City & State: 28

6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

24 25 29 30

8. The corporation has heard, the corporation under S. 607.0[illegible] Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
GREGORY, DONALD J
203 FLAGSHIP DRIVE
LUTZ FL 33549

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 Section [illegible] Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the corporation's board of directors, through, except the appointed or registered agent, has authorized the change of registered office or registered agent under Florida Statutes.

Signature

12. OFFICERS AND DIRECTORS

TYPE	DP
NAME	GREGORY, DONALD J
STREET ADDRESS	203 FLAGSHIP DRIVE
CITY ST ZIP	LUTZ FL 33549
TYPE	DPST
NAME	MARCUS, STUART L
STREET ADDRESS	203 FLAGSHIP DRIVE
CITY ST ZIP	LUTZ FL 33549

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

14. Effective, if any, that the information supplied with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I/we, that the undersigned officer/director of the corporation or the person or persons authorized to execute the report as required by Chapter 607, Florida Statutes, and that to the best of my knowledge, information and belief, the statements made in this report are true and correct. I/we also agree to pay the fee and attach a check made payable to the Secretary of State. I/we also agree to pay any additional fees and penalties that may be assessed by the Secretary of State.

SIGNATURE: [signature] STUART MARCUS DPST 4-25-95 (813) 948-2909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0287067 CP