


FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000025973 (5)		
1. Corporation Name SONO-PLS, INC.		
Principal Place of Business 6149-51ST TERRACE NORTH ST. PETERSBURG FL 33709	Mailing Address 6149-51ST TERRACE NORTH ST. PETERSBURG FL 33709-3530	
2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;"> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 25 Country 24 </div>	2a. Mailing Address <div style="border: 1px solid black; padding: 2px;"> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 </div>	
9. Name and Address of Current Registered Agent		
SINDEN, WATSON R 501 FIRST AVENUE, NORTH SUITE 404 ST. PETERSBURG FL 33709		<div style="border: 1px solid black; padding: 2px;"> 81 Name 82 Street Address 83 84 City </div>
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE: <i>Patricia L. Small</i> </div> <div style="width: 45%;"> PATRICIA L. SMALL <small>(NOTE: Registered Agent signature required)</small> </div> </div>		
12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> P SMALL, PATRICIA L 6149 51ST TERR N ST. PETE FL 33709 </div> <div style="text-align: right;"> <input type="checkbox"/> DELETE </div>	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> </div> <div style="text-align: right;"> <input type="checkbox"/> DELETE </div>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> </div> <div style="text-align: right;"> <input type="checkbox"/> DELETE </div>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> </div> <div style="text-align: right;"> <input type="checkbox"/> DELETE </div>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> </div> <div style="text-align: right;"> <input type="checkbox"/> DELETE </div>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> </div> <div style="text-align: right;"> <input type="checkbox"/> DELETE </div>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or lessee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.		
SIGNATURE: <i>Patricia L. Small</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		