FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

Apr 30 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS

DOCUMENT # P95000025973 (5) SONO-PLS, INC. Principal Place of Business Mailing Address 6149-51ST TERRACE NORTH 6149-51ST TERRACE NORTH ST. PETERSBURG FL 33709 ST. PETERSBURG FL 33709 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/29/1995 2. Principal Place of Business 2a, Mailing Address Applied For 21 26 59-3309216 Not Applicable Suite. Aut. #. etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes 25 29 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name SINDEN, WATSON R 501 FIRST AVENUE, NORTH SUITE 404 Street Address (P.O. Box Number is Not Acceptable) 82 ST. PETERSBURG FL 33709 83 84 City Zip Code 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 (NOT) Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1 1 TITLE SMALL, PATRICIA L NAME 12 NAME 6149 51ST TERR N STREET ADDRESS 1.3 STREET ADDRESS ST. PETE FL 33709 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME 2.9 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TATLE 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY - ST- ZIP DELETE Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP

14. Thereby 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 supplied enter a minutal report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the relever or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in mall Parricial Surau.

SIGNATURE:

813-544-6582

FILED