

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

PROFIT
CORPORATION
ANNUAL REPORT

1996.3.28.96



FLORIDA DEPARTMENT OF STATE

Sandra B. Martham
Secretary of State

DEPARTMENT OF CORPORATIONS

B-2793

C

DOCUMENT # **P95000045528 (3)**

1. Corporation Name

ROHSONICS INDUSTRIES, INC.

Principal Place of Business

1070 SHADICK DR., BAY F
ORANGE CITY FL 32763

Mailing Address

1070 SHADICK DR., BAY F
ORANGE CITY FL 32763



2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

28

City & State

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**SAMUELS, FREDERICK G
1221 FLATWOODS RD
MIMS FL 32754**

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

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

**NAME: SAMUELS, FREDERICK G
STREET ADDRESS: 1221 FLATWOOD RD
CITY-ST-ZIP: MIMS FL 32754**

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**NAME: SAMUELS, REGINA
STREET ADDRESS: 1070 SHADICK DR., BAY F
CITY-ST-ZIP: ORANGE CITY FL 32763**

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

DELETE

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 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: *Frederick P. G. Samuel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 24-96

Day Month Year

CR2E034 (12/95)