

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000078185 (2)**

1. Corporation Name
SONIC TECH DEPOT, INC.



Principal Place of Business

**250 E. DR., STE. E
MELBOURNE FL 32904**

Mailing Address

**250 E. DR., STE. E
MELBOURNE FL 32904**

3. Date Incorporated or Qualified

10/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc

26 Suite Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3341985

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. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**THALLER, WILLIAM A
7919 MAPLEWOOD DR., APT. 601
MELBOURNE FL 32904**

10. Name and Address of New Registered Agent

81 Name **THALLER, WILLIAM A.**
82 Street Address (P.O. Box Number is Not Acceptable) **2805 RHONDA COURT**
83
84 City **MELBOURNE** FL 85 Zip Code **32935**

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. Thereby 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 or other authorized officer

Date of Registration Agent Signature Required (Date of Filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	OPS	<input checked="" type="checkbox"/> DELETE
NAME	CECIL, TAMMY M	
STREET ADDRESS	711 WINGFOOT LN	
CITY - ST - ZIP	MELBOURNE FL 32940	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	THALLER, WILLIAM A	
STREET ADDRESS	7919 MAPLEWOOD DR., APT. 601	
CITY - ST - ZIP	MELBOURNE FL 32904	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	WILLIAM A. THALLER	
3. STREET ADDRESS	2805 RHONDA CT	
4. CITY - ST - ZIP	MELBOURNE, FL 32935	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 if changed, or on an attachment with an address.

SIGNATURE: *William A. Thaller* **William A. Thaller** **4/30/96** **(407) 984-3531**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)