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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600004286 (6)

FILED Feb 10 1998 8:00am Secretary of State

BARTR Principal Place	ONICS INCORPORATED	Mailing Address			HI BANI BARA 11001 1014 BAN 1861
4221 SAN BERNADO DR JACKSONVILLE FL 32217 JACKSONVILLE FL 32217 JACKSONVILLE FL 32217					
PHONOCHUE	AC TE GEST?	SHOUGHTEE IE S	PEE!	DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified 01/12/1996	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number APPLIED FOR 59-335	3657 Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Zip	Country	28	Country	8. This corporation owes or has paid th	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre NDBERG, JOHN G	nt Registered Agent	81 Name	10. Name and Address of New Registe	red Agent
JA	21 SAN BERNADO DR CKSONVILLE FL 32217	02 and 607.1508. Florida St e of Florida. Such change w	82 Street Add 83 84 City 50	tress (P.O. Box Number is Not Acceptable) Con Bernard C	FL 85 Zip Code 32217 use of changing its registered e appointment as registered
SIGNATURE	Signature typed or printed name of rings to real and	June &	NOTE Registered Agent aignature requ		ATE .
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D LUNDBURG, JOHN G	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AD BULL OUR DOLL DOLL	4221 San Bernal	OD 1.2 NAME 1.3 STREET ADDRESS	and the second s	
STREET ADDRESS CITY-ST-ZIP	CRAWFORDVILLE PL 32327	Jacksonville Fr	1.3 STREET ADDRESS		
TITLE	D	DELETE			☐ Change ☐ Addition
NAME	LUNDBURG, DIANE M 4	221 San Bernado L	2.2 NAME		Ì
STREET ADDRESS	49 TVAN CHURCH ROAD	Jackson ville, F-L	- 2.3 STREET ADDRESS		
CITY-ST-ZIP	GRAWFORDVILLE FL 02327	• 32217			
TATLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		į
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		Ì
CITY-ST-ZIP			5.4 CITY+ST-ZIP		
TITLE		☐ D ĒLĒTĒ	6.1 TITLE	-	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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 supplemental annual 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 receiver or trusted 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: Den m tell

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