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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600007688 (0)

ERGONOMIC OPTIONS, INC.

FILED Mar 12 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address			
618 IVANHOE WAY CASSELBERRY FL 32707	P.O. BOX 180554 Casselberry FL 32718	enesa	·	
CASSELBERNI PE SZIUI	ONSOLIDERNI TE SEZIO		3. Date Incorporated or Qualifie 01/24/1996	ed 3a. Date of Last Report
Principal Place of Business The Principal Place of Business	2a. Mailing Address		4. FEI Number 59-3430	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Z(p	Country 30	8. This corporation has liability Florida Statutes	for intangible tay under s. 199.032, Yes : No
9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New	Registered Agent
BACOT, CATHERINE		81 Name		
2612 HERON LANDING COURT ORLANDO FL 32837		82 Street A	ddress (P.O. Box Number is Not Accep	otable)
CHEMIDO I E GEGGI		83		
		84 City		85 Zip Code
		G4 City		FL P COO
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agent. Lam familiar with and accept the oblig SIGNATURE Signature typed or protect name of registered agent.	gent and life if applicable (Ni	IOTE. Registered Agent signature r		DATE FICERS AND DIRECTORS IN 12
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SIGNATURE Superior types for pointed manife of registered age. 12. OFFICERS AN INTERPOLATION PROPERTY.	gent and life if applicable (Ni	IOTE. Registered Agent signature r		FICERS AND DIRECTORS IN 12
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SIGNATURE Signature speed or protect name of registered at 12. OFFICERS AT HILE P DI FONZO, PATRICIA	gent and lice if applicable (Ni ND DIRECTORS	IOTE Registered Agent signature in 13. 1.1 TITLE 1.2 NAME		FICERS AND DIRECTORS IN 12 Change Addition
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Ligo hereby certify that the information supplied with this thing does not quality for the exemption stated in Section 119.0/3/(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 changes, or on an attachment with an address.

PATRICIA DI FONZO

SIGNATURE:

MANAGER AND TYPE OF SHIPP NAME OF SIGNING SPECES OF SPECIAL STATES

2-25-97

407-830-8752

Day: me Pisorie