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' PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sanga B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045724 (7)

FONET SCIENTIFIC CORPORATION

Principal Place of Business

Mailing Address

FILED Jun 20 1997 8:00am Secretary of State



| 325 SOUTH GARDEN AVE CLEARWATER FL 34816 | | 325 SOUTH GARDEN AVE CLEARWATER FL 34616-5423 | | | | | | |
|---|---|--|------------------|---|--|--|-------------------------------------|--|
| | | | | | 3. Date Incorporated or Qualified 05/29/1996 | 3a. Date of Las | t Report | |
| | Place of Business | 2a. Mailing Address | | | 4. 51 Number 339272 | 2 | Applied For | |
| 21 | | 26 | | | 57-331212 | 3 | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | | | 5. Certificate of Status Desired | \$8.7 | 5 Additional | |
| 22 | | 27 | | | | Fee | Required | |
| City & Stat | e | City & State | F1 · | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 Zip | Country | 28 | | | Trust Fund Contribution | | ed to Fees | |
| | Country | Zip | Country | | 8. This corporation has liability for intangible tax under s. 199,032, | | | |
| 24 25 29 29 9, Name and Address of Current Registered Agent | | | 30 | florida Statutes | | | | |
| / # LIAD | RER, JANIS E | registered right | | 1 Name | 10. Name and Address of New Re | gistered Agent | | |
| | | | L | 712 | | | | |
| 325 SOUTH GARDEN AVE | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| `\'CLEARWATER FL 34616 | | | a | 83 | | | | |
| • | | | | | | | | |
| • | | | 8 | 4 City | | 85 Z | ip Code | |
| 11 Pursuent | to the provisions of Spelions 607 050 | 22 and 607 1608. Florida Statuto | s the abo | vo pomod | corporation submits this statement for the p | FL °' | | |
| Office of r | egistered agent, or both, in the State | of Florida. Such change was au | Jihorizad - | by the con | poration's board of directors. I hereby accep | ourpose of changin of the appointment | g its registered as registered | |
| agent. ra | m familiar with, and accept the oblig | jations of, Section 607.0505, Flor | ida Statut | es. | | | - | |
| SIGNATURE | Signature, typed or printed name of registered ag | TANKE TO A LINE AND THE AND TH | Free integrand A | ood skuphus | required when reinstating) | DATE | | |
| 12. | OFFICERS AND DIRECTORS 13. | | | gen agratore | ADDITIONS/CHANGES TO OFFIC | | OPS IN 12 | |
| TITLE | D | ☐ DELETE | 111111 | ~ | 7.001110110/0111111020 10 01110 | ☐ Chance | | |
| NAME | HAERER, JANIS E | | 1.2 NAM | , | | | | |
| STREET ADDRESS | AND COLUMN CARDEN AND | | | ei address | | | | |
| CITY-ST-ZIP | OLEADWATED EL GAGAG | | 1.4 CITY | | | | | |
| TITLE | D | DELETE | 2 1 1111.0 | | Vice President | Chang | e K Addition | |
| NAME | SHIELDS, LARRY R | | 2.2 NAM | | | | | |
| STREET ADDRESS | 49 AIRALE BRILE | | 2.3 STRE | ET ADDRESS | | | | |
| CITY-ST-ZIP | ACT ACTIVIDAD III ACCOUNT | | 2 4 CH Y | | | | | |
| TITLE | | | 3.1 TITLE | | Director/Vice Pres | Chang | e K Addition | |
| NAME | | | 3.2 NAM | : | Harry L. Shields | | | |
| STREET ADDRESS | | | 3.3 STRE | ET ADDRESS | 325 S. Garden Aven | | ļ | |
| CITY-ST-ZIP | | | 3.4. C(TY | ·ST-7/P | Clearwater, FL 346 | 16 | | |
| TITLE | | DELETE | 4.1 TITLE | | Secretary/Director | ☐ Chang | e k Addilion | |
| NAME | | | 4. 2 NAM | € | Sherry A. Shields | | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRESS | 325 S. Garden Aven | u e |] | |
| CITY-ST-ZIP | | | 4.4 C(TY | S1-7(P | Clearwater, FL 346 | Ī 6 | _ | |
| TITLE | | DELETE | 5 1 1(1LE | | Treasurer/Director | Chang | e K Addition | |
| NAME | | | 5.2 NAME | . | Doris A. Shields | A A : | | |
| STREET ADDRESS | | | 5.3 STREE | ET ADDRESS | #7 Circle Drive | (>(`) | \r'\\ | |
| CITY-ST-ZIP | | | 5.4 CITY- | ST-7IP | Mt. Vernon, IL 628 | 64 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ာ | |
| TITLE | | | 6 1 111LE | | | Chang | e 🔲 Addition | |
| NAME | | | 6.2 NAME | | 80000218 | SASS | | |
| STREET ADDRESS | XDRESS 63 | | 63 STHE | T ADDRESS | 600002185966 -05/21/9701006033 | | | |
| CITY-ST-ZIP | | | 6.4 C(TY- | ST-ZIP | ***825.00 | | | |
| 4.4 Lala barah | and the state of the state of the same of | 1 10 11 11 11 | | | | | | |

information indicated on this annual report or 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 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.