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PROFIT. CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mostham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 27 1997 8:00am Secretary of State

DOCUMENT #	P96000094703	(1)

SONO PARTNERS, INC. Principal Place of Business Mailing Address 2300 GLADES ROAD 2300 GLADES ROAD SUITE 302E SUITE 302E BOCA RATON FL 33431 **BOCA RATON FL 33431-7335** 3. Date Incorporated or Qualified 3a. Date of Last Report 11/15/1996 2. Principa! Place of Business Mailing Address 4. FEI Number Applied For PENDING Not Applicable 21 Suite, Apr. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032. Yes No Florida Statutes 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent SCIARRETTA, STEVEN A 2300 GLADES ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE-302E 83 **BOCA RATON FL 33431** 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 111111 Addition Addition TITLE CHARLES E. PASSMORE SCIARRETTA, STEVEN A NAME 1.2 NAME 2300 GLADES ROAD SUITE 302E STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33431** C(1Y-S1-2)F 1.4 CITY - ST - ZIP DELETE Addition 2.1 TITLE 100 F 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP City - St - 7iP DELETE 31 TITLE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-7IP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby 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 oath; that Jam an officer or director of the corporation or the occavity or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block

4.4 CITY-ST-ZIP

53 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIE

STREET ADDRESS

STREET ADORESS

City - S1 - ZiE

TiTLE NAME

TITLE

NAME

DELETE

DELETE

Addition

Addition