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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000094703**

1. Corporation Name
SONO PARTNERS, INC.

Principal Place of Business	Mailing Address
2300 GLADES ROAD SUITE 302E BOCA RATON FL 33431	7053 NW 3 AVE. BOCA RATON FL 33487 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21	7053 NW 3 Ave	
Suite, Apt. #, etc.	22		
City & State	23	Boca Raton, FL	
Zip / Country	24 / 25	33487 / USA	
2a. Mailing Address	26	PO Box 812441	
Suite, Apt. #, etc.	27		
City & State	28	Boca Raton	
Zip / Country	29 / 30	FL / USA	

3. Date Incorporated or Qualifed: 11/15/1996

4. FEI Number: 65-0716658 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCIARRETTA, STEVEN A
2300 GLADES ROAD
SUITE 302E
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: C.E. Passmore
82 Street Address (P.O. Box Number is Not Acceptable): 7053 NW 3 Ave.
83
84 City: Boca Raton FL 85 Zip Code: 33487

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: C.E. Passmore — 3/30/99
Signature of registered agent and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHARLES E. PASSMORE 7053 NW 3 AVE. BOCA RATON FL 33487	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Joseph Veccia 431 NE 10 Terr. Boca Raton, FL 33432	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Gregory Cryan 1693 Sabal Palm Dr. Boca Raton, FL 33432	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Wenford Hood 1355 W. Palmetto Pk Rd #263 Boca Raton, FL 33486	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

14. I 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 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 typed attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 3/31/99 — (561) 994-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #