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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700031304

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90052 024 ***158.75

1. Corporation		SONRY, INC.	00001							
Principal Place of Business Mailing Address							F 100	ub : 110 184:1 10311 00111 68111 06111		} 9
3964 COTTONWOOD LA 3964 COTTONWOOD LA JACKSONVILLE FL 32207 JACKSONVILLE FL 32207										
								DO NOT WRITE IN	THIS SPACE	
							3. Date Inco 04/01/1	rporated or Qualifed		
Principal Place of Business 2a. Mailing Address					-· <u></u> - · · ·		4. FEI Numb			Applied For
21			26				59-3435	269	H	Not Applicable
Suite, Apt.	. #, etc.		27	Suite, Apt. #, etc.			1	of Status Desired	•	5 Additional Required
City & Stat	ite			City & State	-		6 Flection C	amnaign Financing		
23 28								6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	1	Country	<u> </u>	Zíp	Coun	try		oration owes the current ye	_=	
24		25	29		30		-,,	Property Tax.	Yes	□No
<u></u>	y, Name	and Address of C	urrent Registe	ered Agent	 	31 Name	10. Name an	d Address of New Registe	erea Agent	
RIGE	BY, JOHN				Ľ					
3964	4 COTTONY				ľ	32 Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
JACI	KSONVILLE	FL 32207			4	33				
					[1	34 City			FL 85 Z	ip Code
11, Pursuant office or r agent, I a	to the provis registered ag am familiar wi	ions of Sections 607 ent, or both, in the S ith, and accept the c	7.0502 and 607 State of Florida ol yligations of, S	Section 607.0505, Flo	rida Statut	ove-named co by the corpora es.	rporation submits the tion's board of dire	nis statement for the purpo- ctors. I hereby accept the a		its registered registered
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SIGNATURE		JOHN M	1661	OUR				1-29	97	
		or printed name of registere	ed agent and title if a	opplicable. (NOTE	: Registered A	gent signature requ	ired when reinstating)	1-39 DATE OFFICER	<u> </u>	TORS IN 12
SIGNATURE 12. TITLE				opplicable. (NOTE			· · · · · · · · · · · · · · · · · · ·	DATE OFFICER	<u> </u>	
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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 distance of the corporation or the receiver or distance of the corporation or the receiver of distance of the corporation of the corporation or the receiver of distance of the corporation of the corporation or the receiver of distance of the corporation of the corporation

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR