Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90128 045 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. Corporation	MENT # S58045				•		
•••	ONICS, INC.				1		
Onioin	ONICS, NAC.				1 (2 2) 4 1 1 1 1 1 1 1 1 1	LEIT ETELT BIGIT OLOU BIGIT O	1911 11816 1961
Principal Place of Business Mailing Address						ISTE BENTE BINGT BENTE NET BENEFIT BE	I MET MINETE THE
2400 E. COMME		2400 E. COMMERCIAL BLVD.					
SUITE 630 SUITE 630		SUITE 630					
		FT LAUDERDALE FL 33308		DO NOT WRITE 3. Date Incorporated or Qualifed	IN THIS SPACE		
US		US			06/07/1991		·
a Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26			65-0268786	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			¬ \$8.75 A		
22		27		5. Certificate of Status Desired	Fee Rec	quired -	
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00	,	
23		28		Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country		8. This corporation owes the current		□No
24	9 Name and Address of Current	29 3	[0]		Personal Property Tax. 10. Name and Address of New Reg		
	y, Name and Address of Current	Registered Agent	81	Name	IU. Hallo alla riassocio di la constanti di la		
SAD	RIWALLA, DEBORAH				Une (D.O. Den N. John in Net Associable		
3070 NE 40TH CT			82	Street Add	dress (P.O. Box Number is Not Acceptable	;)	
FT. LAUDERDALE FL 33308			83				
			84	City	- 	85 Zip C	ode:
				'		FL -	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	e-named corp	poration submits this statement for the pu ion's board of directors. I hereby accept to	rpose of changing its	registered
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat	ions of, Section 607.0505, Floric	nonzeu by Ia Statutes	ine corporat	ion's board of directors. Thereby accept a	ic appointment as reg	, iotor o a
SIGNATURE	_						
	Signature, typed or printed name of registered agent			nt signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	RS IN 12
12. TITLE	D OFFICERS ANI	DELETE 1.1			ADDITIONS/CHANGES TO OFFIC	☐ Change	Addition
NAME	SADRIWALLA, ABBAS A.		1.2 NAME		•		
STREET ADDRESS	3070 NE 40TH CT		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	SADRIWALLA, DEBORAH		2.2 NAME				
STREET ADDRESS	3070 NE 40TH CT.		2.3 STREET	TADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		2.4 CITY-ST-ZIP			* '	
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3,2 NAME				
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		3.3 STREET	T ADDRESS	•		
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP		(T) (I)	CT Addition
TITLE			4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME	Y			
STREET ADDRESS							
CITY-ST-ZIP				TADDRESS			
· · · · · · · · · · · · · · · · · · ·		TI DELETE	4.4 CITY-S	Ì			☐ Addition
TITLE		☐ DELETE	4.4 CITY-S 5.1 TITLE	Ì		_ Change	Addition
TITLE NAME		☐ DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP		_ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP	<u>. </u>	,	☐ Addition
TITLE NAME		☐ DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	T-ZIP		,	☐ Addition

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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS