|  |   | PLEASE READ   | ALL INST   | ructi                            | IONS  | BEFORE C   | OMPLET                                     | ING THIS FO              | RM.                               |   |  |
|--|---|---|--|----------------------------------|---|--|--|--------------------------|-----------------------------------|---|--|
|  | PLICAT<br>FOR<br>ISTATE                                   | TION  | FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State |                                  |   |  | FILED<br>98 DEC 28 AM 9: 35                |                          |                                   |   |  |
| DOCUMENT # V32721  1. Corporation Name               |   |   |  |                                  |   | RATIONS  | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |                          |                                   |   |  |
| -  |   | RONICS, INC.  |  |                                  |   |  |  |                          |                                   |   |  |
| Principal F  | Place of Busine   | ase.  | Mailing Addr   |                                  |   |  |  |                          |                                   |   |  |
| 1140 E. HI   | LLSBORO BLV<br>D BEACH FL 33                              | D.  | 1140 E. HILLSBORO BLVD.<br>DEERFIELD BEACH FL 33441                |                                  |   |  |  |                          |                                   |   |  |
|  | Incorrect in any way, line thro<br>Address, If Applicable | nformation and enter correction below.  |  |                                  | 2FINSTATEMENT 68  4. Date Incorporated or Qualified To Do Business in Florida |  |  |                          |                                   |   |  |
| Suite, Apt.  | #, etc.   |   | Suite, Apt. #, etc.  |                                  |   |  | 5. FEI Numbe                               |                          | 04/30/1                           | 992<br>Applied For                        |  |
| City & Stat  | te  |   | City & State   |                                  |   | <del></del>                                      | 6.   | 65-0330402               |                                   | Not Applicable                            |  |
| Zip Country  |   |   | Zip  |                                  | Countr  | vi   |  | E OF STATUS DESIRED      | \$8.75 Addi<br>for a Cer          | tional Fee required<br>dificate of Status |  |
|  | and Street Ad   | dresses of Each Officer and/o   | or Director (Flo   | T                                | Str   | eet Address of Each                              | <del></del>                                |                          |                                   |   |  |
| Title(s)   | 2   | and/or Directors  | Officer and/or Dire 3 (Do NOT Use Post Office Bot                  |                                  |   | icer and/or Director<br>Post Office Box Nu       | ımbers)                                    | City / State / Zip       |                                   |   |  |
| Р  | FERGUSO   |   | 3376 NW 27TH AVE.  |                                  |   |  | BOCA RATON FL                              |                          |                                   |   |  |
| VP   | FERGUSO   | N, ELLEN M.   |  | 3376 NW 27TH AVE.                |   |  |  | BOCA RATON FL            |                                   |   |  |
| Т  | FERGUSO   | n, ellen M.   | 3376 NW 27TH AVE.  |                                  |   | BOCA RATON FL                                    |  |                          |                                   |   |  |
| \$   | FERGUSO   | n, david B.   | 3376 NW 27TH AVE.  |                                  |   | AVE.   | BOCA RATON FL                              |                          |                                   |   |  |
|  |   |   |  |                                  |   |  | M 12/30                                    |                          |                                   |   |  |
|  | 8 Nam   | e and Address of Current R  | Panistered Age   | unt                              |   | <del>  · · · ·</del>                             | 9 Name and A                               | Address of New Regist    | ered Agent                        |   |  |
| 8. Name and Address of Current Registered Agent Name |   |   |  |                                  |   |  |  |                          |                                   |   |  |
| FERGU<br>1140 I                                      | d B.<br>Ro Blvd.  | Street Address (P.0   |  |                                  | .O. Box Number  |  | 2697                                       | ·95                      |                                   |   |  |
| DEERF  | H FL 33441  | Suite, Apt. #, Etc.   |  |                                  |   | -12/30/90<br>*****750                            |  | 7014<br>**750_00         |                                   |   |  |
|  |   |   |  |                                  | <del></del>   | City   |  |                          | State Zip C                       | ode                                       |  |
| 10. I, being<br>Signature c<br>Registered            | of _  | e registered agent of the above   | IIRF   | RE                               | QL  | IIRED  | oligations of Secti                        |                          | 1-98                              |   |  |
|  |   | ration owes or ha<br>Personal Property  |  |                                  |   | ar<br>Yes 🔲                                      | No 🗵                                       |                          | er side for info<br>intangible ta |   |  |
| this rein<br>owed by                                 | statement app<br>y the corporati                          | officer or director or the receivolication, the reason for dissol ion have been paid and the nrue and accurate, and my signer | ution has been<br>ames of individ                                  | eliminated, to<br>uals listed or | he corpo<br>this for  | rate name satisfies to<br>n do not qualify for a | the requirements<br>an exemption und       | of section 607.0401 or 6 | 17.0401, F.S                      | ., that all fees                          |  |

SIGNATURE: SIGNATURE AND TYPED ON PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

0057466

954-42>-2594 Daytime Phone #