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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 266845

(7)

ACTRON ENGINEERING INC

(1

Mailing Address

FILED

May 01 1997 8:00am

Secretary of State

CLEARWATER FL 34620				CLEARWATER FL 34620-3915												
									-	3. Date Inc		or Quali	fied		of Last F	Report
2. Principal Place of Business				2a. Mailing Address						4. FEI Num						pplied For
21				26							09197					ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.												Additional
22				27						5. Certifica	ite of Stati	us Desire	a L			equired
City & State				City & State						6. Election	Campaig	n Financi	na		\$5.00	May Be
23				28							nd Contrib		_			to Fees
Zip		Country		Zip		Col	intry			B. This cor	poration h	as liabilit	y for into	ngible ta	ax under s	. 199.032,
25				29 30				Florida Statutes					X Yes □ No			
	. <u> </u>	and Addres	s of Current F	Registered A	gent		I,		1	0. Name a	nd Addre	ss of Ne	w Regis	tered A	gent	
	nfeld, ida						81	Name								
13089 60TH ST N							82	Street A	Address	ress (P.O. Box Number is Not Acceptable)						
CLEARWATER FL 34820										(, , , , , , , , , , , , , , , , , , ,	10					•
							83									
							84	City						·		Code
							04	City						FL	85 Zip	Code
11. Pursuant	to the provisi	ons of Secti	ons 607.0502 a	nd 607.1508	B, Florida Statut	les, the a	bove	e-named o	corporat	tion submits	s this state	ement for	the purp	ose of c	hanging i	ts registered
agent. I a	m familiar wil	h, and acce	pt the obligation	riorida. Sud ins of, Sectio	h change was on 607.0505, Fi	orida Sta	u by lutes	r the corp 3.	oration	s board of t	airectors.	i nereby a	accept ti	ne appoi	ntment as	registerea
SIGNATURE																
	Signature, typed		of registered agent a		ble. (NOT	t.: Hogistere	d Age	nt signature (lw beriuper	hen reinstating)				DATE		
12.		OF	FICERS AND D	DIRECTORS		13.				ADDITIO	NS/CHAN	GES TO (OFFICER			
TITLE	VP				DELETE	1.1 TI	TLE							L	Change	Addition
NAME	WEINFELL					1.2 N	AME									
STREET ADDRESS	13089 60					1.3 \$	TREET	ADDRESS								
CITY-ST-ZIP	CLEARWA	ITER FL				1.4 C	ITY-S	T-ZIP								j
TITLE	PSO				DELETE	2.1 TI	TLE							L	Change	Addition
NAME	WEINFELL					2.2 N	AME									
STREET ADDRESS						238	23 STREET ADDRESS									
CITY-ST-ZIP	CLEARWA	TER FL				2.40	ITY-S	ST-ZIP								
TITLE					DELETE	3.1 TI	TLE							L	Change	L Addition
NAME						3.2 N	AME									i
STREET ADDRESS						3 3 S	REET	ADDRESS								
CITY-ST-ZIP						3.4. 0	ITY - S	IT-ZIP	-							
TITLE					DELETE	4.1 Ti	TLE	I							Change	Addition
NAME						4.21	AME									
STREET ADDRESS						4.3 S	REET	ADDRESS								
CITY-ST-ZIP						4.4 C	1Y-S	1 - ZIP								
TITLE					DELETE	5 1 TI	TLE							L	Change	Addition
NAME						5.2 N	AME									
STREET ADDRESS						5.3 S	REFT	ADDRESS								
CITY-ST-ZIP						5.4 C	1Y-S	7 - ZIP								
TITLE					DELETE	6.1 TI								Ľ	Change	☐ Addition
NAME						62 N	AME								-	
STREET ADDRESS							ADDRESS									
	i															

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 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.