# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **379954** **(1)**

1. Corporation Name

**ALPHATRONICS, INC.**

Principal Place of Business

**1549 W BRANDON BLVD.**
**P.O. BOX 1368**
**BRANDON FL 33511**

Mailing Address

**1549 W BRANDON BLVD.**
**P.O. BOX 1368**
**BRANDON FL 33511**

3. Date Incorporated or Qualified: **04/05/1971**

3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1325515** ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HAUSENFLUCK, WILLARD**
**1007 GREENBRIAR DRIVE**
**BRANDON FL 33511**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | HAUSENFLUCK,WILLARD | | 12 NAME | |
| STREET ADDRESS | 1007 GREENBRIAR DRIVE | | 13 STREET ADDRESS | |
| CITY-ST-ZIP | BRANDON FL | | 14 CITY ST ZIP | |
| TITLE | T | ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | HAUSENFLUCK,WILLARD | | 22 NAME | |
| STREET ADDRESS | 1007 GREENBRIAR DRIVE | | 23 STREET ADDRESS | |
| CITY ST ZIP | BRANDON FL | | 24 CITY ST ZIP | |
| TITLE | D | ☒ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | THOMAS, MICHAEL | | 32 NAME | |
| STREET ADDRESS | 201 E KENNEDY BLVD #1609 | | 33 STREET ADDRESS | |
| CITY ST ZIP | TAMPA FL | | 34 CITY ST ZIP | |
| TITLE | S | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | BERRY, CHRISTINA | | 42 NAME | |
| STREET ADDRESS | 11811 ROSELAWN AVE | | 43 STREET ADDRESS | |
| CITY ST ZIP | SEFFNER FL | | 44 CITY ST ZIP | |
| TITLE | | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | |
| STREET ADDRESS | | | 53 STREET ADDRESS | |
| CITY ST ZIP | | | 54 CITY ST ZIP | |
| TITLE | | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY ST ZIP | | | 64 CITY ST ZIP | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

**SIGNATURE:** _____ 8-17-96 813-689-4625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Bill Hausenfluck