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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

449663

(4)

FILED May 15 1998 8:00am Secretary of State

1. Corporation Name A-1 ETRON, INC. Principal Place of Business 1130 S HARBOR CITY BLVD MELBOURNE FL 32901 US Mailing Address 1130 S HARBOR CIRY BLVD MELBOURNE FL 32901 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
2. Principal Pi	ace of Business	2a, Mailing Address			04/03/1974 4. FEI Number		TA	pplied For
21		26			59-1565958			ot Applicable
Suite, Apt 22	⊭, e lc.	Suite. Apt #, etc.			5. Certificate of Status Desired			Additional lequired
City & State	3	City & State			6. Election Campaign Financing			May Be
23		28		·	Trust Fund Contribution		Added	to Fees
Zıp	Country	Zip	Countr	у	8. This corporation owes or has p			
24	25 9. Name and Address of Current	29 Registered Agent	30		Personal Property Tax due Jun 10. Name and Address of New R] No
EA		Tropieterou Agent	81	Name	10. Halile and Address of New II	oğister eci	Agoil	
FADDEN, WILLIAM E. 2260 S. FRONT STREET SUITE 307 MELBOURNE FL 32901				Street Addr	idress (P.O. Box Number is Not Acceptable)			
****	CDOOLINE AT OFFAL		84	City			85 Zip	Code
			1	1 7		FL	_ '	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State r in familiar with, and accept the obligit	of Florida, Such change was tious of Section 607,0505, F	authorized b	y the corporat	ion's board of directors. I hereby acce	ept the app	pointment as	s registered
SIGNATURE								
SIGNATURE	Signature, special pasted name of registered apos OFFICERS AND	(NO			ed when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE		
SIGNATURE	Signature typed or product name of majo local school	(NO	III Hegistored Ag		ed when reinstating)	DATE		
SIGNATURE	Signature, by editor presents name of noise level agree OF FICE HS AND PD FADDEN, WILLIAM E.	of produtte of applicable (NO	II Registered Ag	eni signature requir	ed when reinstating)	DATE	D DIRECTO	RS <u>IN</u> 12
SIGNATURE 12. TITLE	Signature by ed or predest name of regis level ages OF FICE RS AND FADDEN, WILLIAM E. 2260 S. FRONT S. #307	of produtte of applicable (NO	11 Registered Ag 13. 1.1 TIBLE 1.2 NAME	eni signature requir	ed when reinstating)	DATE	D DIRECTO	RS <u>IN</u> 12
SIGNATURE 11. 111LE NAME STREET ADDRESS CATY-ST-ZIP	Signature by ed of predest name of registered ages OFFICE RS AND PD FADDEN, WILLIAM E. 2280 S. FRONT S. #307 MELBOURNE FL	ormed title et apple inble (NG) DIBLECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY	ent signature require	ed when reinstating)	DATE	D DIRECTO Change	RS IN 12
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14. It 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 supplicmental 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 this corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.

SIGNATURE:

SHAPORE AND TYPE O OF PRINTED HAME OF SKONING OFFICER OF DIRECTOR 2007 BOLLE & Under 100 BOLLE & Charles Control Contr

CRZE034 (10/97)