

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

0490394

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90028 038 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 484748**  
 1. Corporation Name  
**VICRON CORPORATION**

Principal Place of Business  
 5960 SW 1ST LANE  
 PO BOX 770120  
 OCALA FL 34477-0120

Mailing Address  
 POST OFFICE BOX 770120  
 PO BOX 770120  
 OCALA FL 34477-120  
 US



DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified  
**09/19/1975**

4. FEI Number  
**59-1616812**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**HICKS, DANIEL**  
**421 S PINE ST**  
**OCALA FL 34471**

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

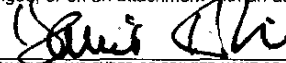
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	SAUEY, NORMAN O, SR	
STREET ADDRESS	5960 SW 1ST LANE	
CITY-ST-ZIP	OCALA, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SAUEY, CLAIRE	
STREET ADDRESS	5960 SW 1ST LANE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HICKS, DANIEL	
STREET ADDRESS	421 S PINE ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SAUEY, MARY ANNE	
STREET ADDRESS	E. 11912 CITY VIEW ROAD	
CITY-ST-ZIP	BARABOO WI	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SAUEY, JR. N	
STREET ADDRESS	70 COMPASS LN.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAUEY, DONALD P.	
STREET ADDRESS	9390 OLD SOUTHWICK PASS	
CITY-ST-ZIP	ALPHARETTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:  **FILED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Daniel Hicks, Sr Director**  
 Date: **3/09/99** Daytime Phone #: **352/351-3353**

CR2E034 (1/198)