

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAR -2 PM 3:29

DOCUMENT # 563762 (4)

1. Corporation Name

ELTEC INTERNATIONAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

350 FENTRESS BLVD.
P.O. BOX 9610
DAYTONA BEACH FL 32114-1206

PO BOX 9610
DAYTONA BEACH FL 32120-9610
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/04/1978

3a. Date of Last Report

04/18/1994

4. FEI Number

59-1840154

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OETTEL, FRED H.
350 FENTRESS BLVD.
CENTRAL INDUSTRIAL PK.
DAYTONA BEACH FL 32014

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code
32114

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DV
MOLLENKOF, SAMUEL S.
350 FENTRESS BLVD
DAYTONA BCH, FL 00000

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
BEECHER, THOMAS R
200 THEATER PLACE
BUFFALO, NY 00000

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
OETTEL, FRED H
350 FENTRESS BLVD
DAYTONA BCH, FL 00000

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MAHANEY, EUGENE D
6245 SHERIDAN DR
WILLIAMSVILLE NY

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☒ Change ☐ Addition

zip code:32114

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

zip code:14202

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☒ Change ☐ Addition

zip code:32114

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☒ Change ☐ Addition

zip code:14221

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 if changed, or on an attachment with an addendum.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

SAMUEL S. MOLLENKOF

2/27/95

(Date)

904/252-0411

(Telephone Number)