


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90003 013 ***150.00

DOCUMENT # 563762					
1. Entity Name ELTEC INTERNATIONAL, INC.					
Principal Place of Business 350 FENTRESS BLVD. P.O. BOX 9610 DAYTONA BEACH FL 32114-1206			Mailing Address PO BOX 9610 DAYTONA BEACH FL 32120-9610 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1840154	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OETTEL, FRED H. 350 FENTRESS BLVD. CENTRAL INDUSTRIAL PK. DAYTONA BEACH FL 32114			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOLLENKOF, SAMUEL S.		NAME		
STREET ADDRESS	350 FENTRESS BLVD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH, FL 00000		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEECHER, THOMAS R		NAME		
STREET ADDRESS	200 THEATER PLACE		STREET ADDRESS	28 OAKLAND PLACE	
CITY-ST-ZIP	BUFFALO, NY 00000		CITY-ST-ZIP	BUFFALO NY 14222	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OETTEL, FRED H		NAME		
STREET ADDRESS	350 FENTRESS BLVD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH, FL 00000		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAHANEY, EUGENE D		NAME		
STREET ADDRESS	403 MAIN ST		STREET ADDRESS	4950 PINELEDGE DRIVE N.	
CITY-ST-ZIP	BUFFALO NY		CITY-ST-ZIP	CLARENCE NY 14031	
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOLLENKOF, SAMUEL D		NAME		
STREET ADDRESS	350 FENTRESS BLVD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 2004

386-252-0411

Date

Daytime Phone #