


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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 667831 (2)					
1. Corporation Name POLYTRONIC INC.					
Principal Place of Business 106 PEACOCK CIRCLE SAFETY HARBOR FL 34895 US			Mailing Address 106 PEACOCK CIRCLE SAFETY HARBOR FL 34895-4728 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1980	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 04/18/1996	
22 City & State		27 City & State		4. FEI Number 59-1997381	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
LIDDANE, INGRID 106 PEACOCK CIRCLE SAFETY HARBOR FL 34895			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			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	PD	<input type="checkbox"/> DELETE			
NAME	SCHWEIZER, HENRY				
STREET ADDRESS	106 PEACOCK CIRCLE				
CITY-ST-ZIP	SAFETY HARBOR FL				
TITLE	C	<input type="checkbox"/> DELETE			
NAME	THALMANN, CLAUDE				
STREET ADDRESS	106 PEACOCK CIRCLE				
CITY-ST-ZIP	SAFETY HARBOR FL				
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	BLOCH, HEINZ				
STREET ADDRESS	106 PEACOCK CIRCLE				
CITY-ST-ZIP	SAFETY HARBOR FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	LIDDANE, INGRID				
STREET ADDRESS	106 PEACOCK CIRCLE				
CITY-ST-ZIP	SAFETY HARBOR FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	JOST, ARNOLD				
STREET ADDRESS	106 PEACOCK CIRCLE				
CITY-ST-ZIP	SAFETY HARBOR FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 do 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.					
SIGNATURE: <i>Ingrid Liddane</i> 4-21-97 813-882-5034					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)