

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 PM 4:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 817523 (4)

1. Corporation Name

DELTRON CORP.

Principal Place of Business

Mailing Address

**3001 GRANT AVE
BELLWOOD IL 60104**

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BELLWOOD IL 60104**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/10/1963

3a. Date of Last Report

04/19/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

36-2496815

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**

6. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	OSTER, ROBERT
STREET ADDRESS	3001 GRANT AVE.
CITY - ST - ZIP	BELLWOOD IL
TITLE	D
NAME	OSTER, JOHN JR.
STREET ADDRESS	3001 GRANT AVE.
CITY - ST - ZIP	BELLWOOD IL
TITLE	D
NAME	OSTER, JOHN III
STREET ADDRESS	3001 GRANT AVE.
CITY - ST - ZIP	BELLWOOD IL
TITLE	D
NAME	PIOTROWSKI, EDWARD J
STREET ADDRESS	2745 SOUTH 10TH ST 2740 S. 20th St.
CITY - ST - ZIP	MILWAUKEE, WI 00000 - 53234
TITLE	S
NAME	OSTER, JOHN, III
STREET ADDRESS	3001 GRANT AVE
CITY - ST - ZIP	BELLWOOD IL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 engaged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

ROBERT OSTER

4/10/95

(414) 671-6800