

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 825322 (1)

1. Corporation Name
AIRTRON, INC.



Principal Place of Business

7813 N. DIXIE DRIVE
DAYTON OH 45414

Mailing Address

7813 N. DIXIE DRIVE
DAYTON OH 45414

3. Date Incorporated or Qualified 11/04/1970	3a. Date of Last Report 02/13/1995
4. FEI Number 31-0790368	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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 of speed or printed name of registered agent and title (if any) (date)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, JAMES D.	1.2 NAME	
STREET ADDRESS	7813 NORTH DIXIE DR.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	DAYTON OH	1.4 CITY-STATE-ZIP	
TITLE	VTS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, TIMOTHY	2.2 NAME	
STREET ADDRESS	7813 NORTH DIXIE DR.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	DAYTON OH	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEFRING, RICHARD M.	3.2 NAME	
STREET ADDRESS	7813 NORTH DIXIE DR.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	DAYTON OH	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKERSON, DALE	4.2 NAME	
STREET ADDRESS	11807 LITTLE RD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW PORT RICHEY FL	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, STEPHEN	5.2 NAME	
STREET ADDRESS	1728 CHURCHMAN AVE.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	INDIANAPOLIS IN	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JAMES	6.2 NAME	
STREET ADDRESS	520 COMMERCIAL DR	6.3 STREET ADDRESS	
CITY-STATE-ZIP	FAIRFIELD OH	6.4 CITY-STATE-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 119.07(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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96 (513) 898-0826

CR2E034 (12/95)