

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 # F07783 (6)

1. Corporation Name

ELTEC RESEARCH AND CONSULTING, INC.



Principal Place of Business

Mailing Address

350 FENTRESS BLVD.  
CENTRAL INDUSTRIAL PK.  
DAYTONA BEACH FL 32114-1206

PO BOX 9610  
DAYTONA BEACH FL 32120-9610  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/03/1980

3a. Date of Last Report

03/02/1995

4. FEI Number

59-2068351

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

10. Name and Address of New Registered Agent

OETTEL, F  
350 FENTRESS BLVD.  
DAYTONA BCH FL 32114

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 ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME  
OETTEL, FRED H.  
STREET ADDRESS  
350 FENTRESS BLVD.  
CITY-ST-ZIP  
DAYTONA BEACH FL

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
ZIP CODE: 32114

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME  
MOLLENKOF, SAMUEL S.  
STREET ADDRESS  
350 FENTRESS BLVD.  
CITY-ST-ZIP  
DAYTONA BEACH FL

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
ZIP CODE: 32114

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME  
BEECHER, THOMAS R., JR  
STREET ADDRESS  
200 THEATER PL  
CITY-ST-ZIP  
BUFFALO NY

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
ZIP CODE: 14202

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME  
MAHANEY, EUGENE D.  
STREET ADDRESS  
6245 SHERIDAN DR  
CITY-ST-ZIP  
WILLIAMSVILLE NY

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
ZIP CODE: 14221

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

62 NAME  
63 STREET ADDRESS  
64 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 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Samuel S. Mollenkoff*  
SAMUEL S. MOLLENKOF

Date

3/6/96

Daytime Phone #

904/252-0411

CR2E034 (12/95)