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Mar 03 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 # **F26537**

(3)

1. Corporation Name
ELTEC DISC, INC.



Principal Place of Business

**C/O FRED H OETTEL
350 FENTRESS BLVD
DAYTONA BEACH FL 32114-1206**

Mailing Address

**PO BOX 9610
DAYTONA BEACH FL 32120-9610
US**

3. Date Incorporated or Qualified

03/17/1981

3a. Date of Last Report

03/11/1996

4. FEI Number

59-2091577

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**OETTEL, FRED H
350 FENTRESS BLVD
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

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 of officer or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MOLLENKOF, SAMUEL S	
STREET ADDRESS	350 FENTRESS BLVD	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAHANEY, EUGENE D	
STREET ADDRESS	6245 SHERIDAN DR	
CITY-ST-ZIP	WILLIAMSVILLE NY	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BEECHER, THOMAS R	
STREET ADDRESS	200 THEATER PLACE	
CITY-ST-ZIP	BUFFALO, NY 00000	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	OETTEL, FRED H	
STREET ADDRESS	350 FENTRESS BLVD	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, DOUGLAS	
STREET ADDRESS	350 FENTRESS BLVD	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	MAHANEY, EUGENE D
2.4 CITY-ST-ZIP	403 MAIN ST BUFFALO NY 14203
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 included 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:

S. Mollenkoff

2/25/97

904-252-0411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Organization Printed Name

CR2E034 (9/96)