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FILED

Apr 18 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 # F61602

(1)

1. Corporation Name

ELECTROTEC (U.S.A.), INC.

Principal Place of Business

661 HAROLD AVE
WINTER PARK FL 32789
US

Mailing Address

661 HAROLD AVENUE
WINTER PARK FL 32789-4651
US



3. Date Incorporated or Qualified

01/12/1982

3a. Date of Last Report

04/16/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2200785

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

9. Name and Address of Current Registered Agent

DIEFFENTHALLER, TREVOR
825 CHICHESTER STREET
ORLANDO FL 32803

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DIEFFENTHALLER, TREVOR	
STREET ADDRESS	825 CHICHESTER STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DIEFFENTHALLER, FRED	
STREET ADDRESS	825 CHICHESTER STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	DONAHUE, KAREN	
STREET ADDRESS	5800 CENTRAL AVE PIKE STEEPLECHASE #2408	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIEFFENTHALLER, TREVOR	
1.3 STREET ADDRESS	825 CHICHESTER STREET	
1.4 CITY-ST-ZIP	ORLANDO FL	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIEFFENTHALLER, FRED	
2.3 STREET ADDRESS	825 CHICHESTER STREET	
2.4 CITY-ST-ZIP	ORLANDO FL	
3.1 TITLE	VTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DONAHUE, KAREN	
3.3 STREET ADDRESS	1268 GRENOBLE DRIVE	
3.4 CITY-ST-ZIP	KNOXVILLE TN	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/97

407 647 5355

Date

Daytime Phone #

CR2E034 (9/96)