Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90107 024 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F61602**

1. Corporation Name

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

	,	· .					
Principal Place	Mailing Address						
661 HAROLD AVE		661 HAROLD AVENUE					
WINTER PARK FL 32789		WINTER PARK FL 32789		DO NOT WRITE IN T	HIS SPACE		
us .		US		3. Date Incorporated or Qualifed			
					01/12/1982		
2 Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
2. Finicipal Flace of Business		26		59-2200785	No.	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75	Additional	
22				5. Certifcate of Status Desired	Fee Re	equired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		٠,
24	25	29 30			Personal Property Tax.	Yes	X No
	9. Name and Address of Current	Registered Agent	-		10. Name and Address of New Registe	rea Agent	
DIFF	CENTUALIED TOPS/OD		81 1	Name			
	FENTHALLER, TREVOR		82 8	Street Addre	ss (P.O. Box Number is Not Acceptable)		
825 CHICKESTER STREET ORLANDO FL 32803			83				
UNL	ANDO FL 32803		83				
			84 (City		FI 85 Zip	Code
		LOOP 4500 Florida Olahutaa Ab			ration submits this statement for the purpos	• • , ,	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was authori	zea ov ine	e corporation	's board of directors. I hereby accept the a	ppointment as re	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registr	ered Agent si	gnature required	when reinstating) DAT	E	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTO	DRS IN 12
TITLE	DP	☐ DELETE 1.	1 TITLE			☐ Change	☐ Addition
NAME	DIEFFENTHALLER, TREVOR	1.	2 NAME	\			ļ
STREET ADDRESS	AAC OLHOUGOTED OT	1.	3 STREET AD	DORESS			
CITY-ST-ZIP	ORLANDO FL	1.	4 CITY-ST-Z	IP Į			
TITLE	V	☐ DELETE 2.	1 TITLE	i		☐ Change	Addition
NAME	DIEFFENTHALLER, FREDA	2.	2 NAME				
STREET ADDRESS	825 CHICHESTER ST	: 2	3 STREET AC	DORESS			í
CTTY-ST-ZIP	ORLANDO FL	2.44		ZIP			
TITLE	VTS	DELETE 3.11			_	Change	Addition
NAME	DONAHUE, KAREN	3	2 NAME				1
STREET ADDRESS		3	.3 STREET AL	DDRESS			
CITY-ST-ZIP	70.1077771223 777		.4. CITY-ST-2	ZIP		[] Ohar ==	Addition
TITLE		_	.1 TITLE			☐ Change	☐ Addition
NAME			. 2 NAME				
STREET ADDRESS			.3 STREET AL	1			}
CITY-ST-ZIP			4 CITY-ST-Z	IP		☐ Change	Addition
TITLE	}		.1 TITLE				
NAME		T I	2 NAME	DDEECE			{
STREET ADDRESS	}	i	.3 STREET AL				
CITY-ST-ZIP			.4 CITY-ST-Z	JP		☐ Change	Addition
TITLE			2 NAME				٠. ٠٠٠٠٠١١

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.3 STREET ADDRESS

FDIEFFON THALLER,

6.4 CITY-ST-ZIP

SIGNATURE:

.

STREET ADDRESS