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FILED

May 23 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 # F77589

(2)

1. Corporation Name
ALATRON, INC.

Principal Place of Business

8641 MAY CIRCLE
TAMPA FL 33614
US

Mailing Address

PO BOX 86324
ST. PETERSBURG FL 33736-6324
US



3. Date Incorporated or Qualified
04/26/1982

3a. Date of Last Report
05/01/1996

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

4. FEI Number
59-2180806

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

10. Name and Address of New Registered Agent

MATTIOLI, LOUIS
8641 MAY CIRCLE
TAMPA, FL
33614

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 PT ☐ DELETE
NAME MATTIOLI, LOUIS
STREET ADDRESS 8641 MAY CIRCLE
CITY-ST-ZIP TAMPA, FL 00000

1.1 TITLE VTD ☒ Change ☐ Addition
1.2 NAME LOUIS MATTIOLI
1.3 STREET ADDRESS 8641 MAY CIRCLE
1.4 CITY-ST-ZIP TAMPA, FL. 33614

TITLE D ☐ DELETE
NAME VATTIMO, THERESA
STREET ADDRESS 704 GROVE AVE
CITY-ST-ZIP TAMPA, FL 00000

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ~~VS~~ ☒ DELETE
NAME ~~MATTIOLI, TINA~~
STREET ADDRESS ~~129 104TH AVE, #205~~
CITY-ST-ZIP ~~TREASURE ISL, FL 00000~~

3.1 TITLE PS ☐ Change ☒ Addition
3.2 NAME ART BLAIR
3.3 STREET ADDRESS 1860 MASSACHUSETTS AVE. NE # 324
3.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33703

TITLE ~~VS~~ ☒ DELETE
NAME ~~MATTIOLI, MARK V.~~
STREET ADDRESS ~~4113 QUANDO DRIVE~~
CITY-ST-ZIP ~~ORLANDO FL~~

4.1 TITLE DV ☐ Change ☒ Addition
4.2 NAME LAURA COLLA
4.3 STREET ADDRESS 4113 QUANDO DR.
4.4 CITY-ST-ZIP ORLANDO, FL. 32812

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE V ☒ Change ☐ Addition
5.2 NAME MARK V. MATTIOLI
5.3 STREET ADDRESS 4113 QUANDO DR.
5.4 CITY-ST-ZIP ORLANDO, FL. 32812

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *Louis Mattioli* Director, V.P. 5-6-97 932-0525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0385208

CP2E034 (9/96)