Jun 18, 1999 8:00 am Secretary of State

06-18-1999 90008 009 \*\*\*550.00

## 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 # F97000003151

Corporation Name

ZTRON (	CORPORATION									
Principal Place	e of Business	Mailing Address				i indiind tiid idiii indii dalii galii da	(e)( <b>00</b> 111 <b>00188</b>	11/ <b>8</b> 1 1 <b>1891 8</b>	.e.al (101 100)	
3821B TAMIAMI TR 2533 N. CARSON ST BOX Z-11 STE 320 CARSON CITY NV 89706 PORT CHARLOTTE FL 33952 US				18		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
	•					06/16/1997				l
2. Brincipal Place of Business 2a. Mailing Address 21 22 26						4. FEI Number 88-0323662		Not	plied For t Applicable	
Suite, Apt. #, etc.   Suite, Apt. #, etc.   27						5. Certificate of Status Desired		58.75 A	quired	_
City & State Corda, The 28						6. Election Campaign Financing Trust Fund Contribution	J 	\$5.00 h Added to		
24 33950	O 25 Country	Zip 29	30 Co.	untry		This corporation owes the current Personal Property Tax.	<b></b>	Yes	□No	ļ
	9. Name and Address of Current	Registered Agent		104		10. Name and Address of New Reg	istered Age	nt		ı
00TB	HAVED DAIRD A			81	Name					
ORTMAYER, DAVID A 356 MARACA ST.				82	Street Ad	dress (P.O. Box Number is Not Acceptable	<del>)</del>			
PUNTA GORDA FL 33983				83						
				84	City		FL	5 Zip C		
office or re agent. I at	egistered agent, or both, in the state of muramiliar with, and accept the obliged signature, typed or printed name of registered agent	and title if applicable.	was authorize 05, Florida Sta	d Agen		rporation submits this statement for the pution's board of directors. I hereby accept the statement of the pution's board of directors. I hereby accept the statement of the pution of t	6/16	199		
TITLE	OTTIOETTO THIS BILLED . S. I.			1.1 TITLE				Change	☐ Addition	1
NAME	CPST Ortmayer, David A	<del>_</del>		IAME	l				}	ļ
STREET ADDRESS	356 MARACA ST.		1.3 9	TREET	ADDRESS				1	
CITY-ST-ZIP	PUNTA GORDA FL 33983		1,40	ITY-S	r-zip					
TITLE		☐ DEL	ETE 2.1 T	TTLE				] Change	☐ Addition	l
NAME			2.21	AME	Ì				4.	
STREET ADDRESS			2.3 9	TREE	ADDRESS				g.	l
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NAME		•		NAME	LADDDESC					
STREET ADORESS	1		■ 6.3 8	IKEL	T ADDRESS					1

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 aptdress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS