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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # CARA16

131

FILED Apr 29 1997 8:00am Secretary of State

1. Cerporation Name ACTRON IV, INC. Frincipal Place of Business Mailing Address 14255-1 GAMMA DRIVE FT. MYERS FL 33912 FT. MYERS FL 33912-1910								
					Date Incorporated or Qualified 07/05/1983	3a. Da	nte of Last 13/1996	
	Place of Business	2a. Mailing Address			4, FEI Number		├ +	Applied For
21 Suite, Ap	t # etc	26 Suite, Apt. #, etc.			59-2306391			Not Applicable 5 Additional
22	, v ₁ 0.00	27			5. Certificate of Status Desired			Required
City & St.	afe	City & State			6. Election Campaign Financing			0 May Be
23 Zip	Country	28	7 60	untry	Trust Fund Contribution			d to Fees
24	25	29	30	On the y	This corporation has liability for Florida Statutes	Yes		r s. 199.032,
521	9. Name and Address of Curre				10. Name and Address of New R			
	/LOR, TODD B			81 Name				
	7 STAINFORD CIR			82 Street Ac	ddress (P.O. Box Number is Not Accepta	able)		
WE	ST PALM BEACH FL 33414			63				
				84 City		FL	85 Zi	p Code
office or agent 1		te of Florida. Such change vigations of, Section 607.0505	vas authorize 5, Florida Sta	ed by the corporatutes.	orporation submits this statement for the ration's board of directors. I hereby according	ept the app	ointment	as registered
			Alexa B					
	Soprations typed or printed name of registered a				quired when reinstaling) ADDITIONS/CHANGES TO OFF	DATE	DIRECT	ORS IN 12
12.	Squarae typed or printed name of registered a OFFICERS AI	ngent and title if applicable ND DIRECTORS DELETE	13		quired when reinstaling! ADDITIONS/CHANGES TO OFF		DIRECT	
12.	OFFICERS AI PD TAYLOR, TODO B	ND DIRECTORS	13.					
12. TITLE NAME STIFEET ADDRESS	PD TAYLOR, TODO B 1947 STAINFORD CIR	ND DIRECTORS	13 1.11 1.21 1.35	IITLE NAME STREET ADDRESS				
12. THE NAME SIFEET ADDRESS CITY ST-ZIP	PD TAYLOR, TODO B 1947 STAINFORD CIR WEST PALM BEAHC FL	ND DIRECTORS	13 1.11 1.24 1.35 1.4(ITTLE NAME STREET ADDRESS CITY-ST-ZIP			Chang	e Addition
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Instance of the same legal effect as if made under or large and accurate and that my signature shall have the same legal effect as if made under or large and 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 Bodres.

SIGNATURE: y