FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 8:57

DOCUMENT # **J21564** **(6)**

1. Corporation Name
U.S. DATATRON, INC.

Principal Place of Business	Mailing Address
% MELVYN. HIRSCH 4335 ELM AVE. PALM BEACH GARDENS FL 33410	% MELVYN. HIRSCH 4335 ELM AVE. PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/27/1986
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business
21: 8895 MILITARY TRAIL
22 Suite, Apt. #, etc.: SUITE 302-C
23 City & State: PALM BEACH GARDENS
24 Zip: 33410 25 Country: USA

2a. Mailing Address
26: P.O. BOX 30605
27 Suite, Apt. #, etc.:
28 City & State: PALM BEACH GARDENS
29 Zip: 33420 30 Country: USA

4. FEI Number: 05-4289071 ☐ 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

HIRSCH, MELVYN
4335 ELM AVE.
PALM BEACH GARDENS FL 33410

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: Melvyn Hirsch — 1/27/95
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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	HIRSCH, MELVYN	1.2 NAME	
STREET ADDRESS	4335 ELM AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	GASN, HARVEY V.	2.2 NAME	
STREET ADDRESS	47 HAVEMEYER LN.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COMMACK, NY 11725	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	CASSON, DAVID	3.2 NAME	
STREET ADDRESS	12 RONALDS ROAD	3.3 STREET ADDRESS	270 BRONXVILLE RD.
CITY-ST-ZIP	NEW ROCHELLE NY	3.4 CITY-ST-ZIP	BRONXVILLE, NY. 10708
TITLE	SV	4.1 TITLE	☐ Change ☐ Addition
NAME	COHN, GARY R	4.2 NAME	
STREET ADDRESS	10253 HUNT CLUB LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDEN FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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: Melvyn Hirsch — 1/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0240007 CP