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 # J50480

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90031 023 ***150.00

1. Corporation	TRONICS, INC.						
Principal Place of Business Mailing Address 215 GOOLSBY BLVD. 215 GOOLSBY BLVD.					[#88/8/0 0/8/1 8/8/1 8/8/1 6/8/0 1/8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1	(515 1 75	
DEERFIELD BCH. FL 33442-0002 DEERFIELD BCH. FL 33442-0					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	- AOL	
					12/29/1986		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21 26					59-2780776	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	1
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zíp	Country Zip		Country		8. This corporation owes the current year Intar	ngible	y
24	25 29 30		30		1 0/00/10/1 10/2-1-1		No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered A	gent	_
DENI	ITALI MOCUE		81	Name			
	ITAH, MOSHE Haw rath way		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
32/2) 3216 NW 88TH WAY CORAL SPRINGS FL .3065			83				
			84	City	the fire which are the state of	85 . Zip (Code ·
			1		高声音》是是以近 EL	1. 191.3	12. 11. 15
office or re agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	utnorized by	the corpor	orporation submits this statement for the purpose of clation's board of directors. I hereby accept the appoint	ment as re	gistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	Registered Age	nt signature rec	quired when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	
TITLE	PD- DELETE		1.1 TITLE		<i>ST</i> .	Change	Addition
NAME	BENITAH, MOSHE		1.2 NAME		JONATHAN BENITAH		
STREET ADDRESS	3212 NW 88TH WAY		1.3 STREE	TADDRESS	SZIZ NW BB WAY CORAL SPRINGS FL 3		.
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1,4 CITY-S	T-ZIP	CORAL SPRINGS, FL 3.	<u> 306(</u>	
TITLE	00		2.1 TITLE			☐ Change	☐ Addition
NAME	DEMITTING COOK (THEE)		2.2 NAME				j
STREET ADDRESS	608 WEY BRIDGE COURT		2.3 STREE	TADDRESS			}
CITY-ST-ZIP	LAKE MARY FL		2. 4 CITY-5	ST-ZIP		<u> </u>	
TITLE	-		3.1 TITLE			Change	Addition
NAME	DENITALI, ADI		3.2 NAME				l
STREET ADDRESS	3212 NW 88TH WAY		3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		☐ Change	Addition
TITLE			4.1 TITLE			☐ Criange	
NAME			4. 2 NAME	- 1			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		□ DELETE	4.4 CITY-S	IT-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TiTLE 5.2 NAME		•	L.J Change	
NAME				T ADDRESS			1
STREET ADDRESS			5.4 CITY- S	- 1			
CITY-ST-ZIP	☐ DELETE		6.1 TITLE	1-41		Change	Addition
TITLE		C Deceie	6.2 NAME				
NAME				T ADDRESS	•		ţ
STREET ADDRESS			64 CITY S				

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.

480-6661