FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K91938** **(6)**

1. Corporation Name

ALTRONICS SERVICE, INC.

Principal Place of Business	Mailing Address
4536 N ORANGE BLOSSOM TRL STE 4 ORLANDO FL 32804 US	% ALFRED E. FLEMING PO OBX 547486 ORLANDO FL 32854 US

2. Principal Place of Business	2a. Mailing Address
21 4609 Parkbreeze Ct.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orlando, FL. 32808	28 City & State
24 Zip: 32808 25 Country: Orange	29 Zip 30 Country

3. Date Incorporated or Qualified: **05/30/1989**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **59-2952927** ☐ 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

FLEMING, ALFRED E.
728 NAPLES DRIVE
ORLANDO FL 32804

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 607.150(4), 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: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	FLEMING, ALFRED E.	12 NAME	
STREET ADDRESS	728 NAPLES DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	14 CITY-ST-ZIP	
TITLE	VTS ☐ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	FLEMING, ANDREA M.	22 NAME	
STREET ADDRESS	728 NAPLES DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	24 CITY-ST-ZIP	
TITLE	V ☐ DELETE	31 TITLE	☐ Change ☒ Addition
NAME	MILLHOLEN JAMES I.	32 NAME	
STREET ADDRESS	2268 KING JAMES COURT	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL. 32792	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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: Alfred Fleming — Alfred Fleming — 1/17/96 — (407)296-7493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)