

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L06289 (7)**
1. Corporation Name
TECHTRON SALES CORPORATION



Principal Place of Business: **13 LAS BRISAS WAY NAPLES FL 33963**
Mailing Address: **13 LAS BRISAS WAY NAPLES FL 33963**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/31/1989	3a. Date of Last Report 03/16/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 65-0143016	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARRY, TIMOTHY R. 800 LAUREL OAK DR. SUITE 400 NAPLES FL 33963-2738	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ (Type, Print or Typed Name of Signing Officer or Director) (If the Registered Agent is a corporation, the name of the corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PT FRIEDLAND, SAMUEL 13 LAS BRISAS WAY NAPLES FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		1.2 NAME	
3. STREET ADDRESS		1.3 STREET ADDRESS	
4. CITY, STATE, ZIP		1.4 CITY, STATE, ZIP	
5. TITLE	VS FRIEDLAND, JUDITH 13 LAS BRISAS WAY NAPLES FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY, STATE, ZIP		2.4 CITY, STATE, ZIP	
9. TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY, STATE, ZIP		3.4 CITY, STATE, ZIP	
13. TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY, STATE, ZIP		4.4 CITY, STATE, ZIP	
17. TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY, STATE, ZIP		5.4 CITY, STATE, ZIP	
21. TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, STATE, ZIP		6.4 CITY, STATE, 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)(k), 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 or 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: *Samuel Friedland* **Samuel Friedland** 2/23/96 941 566-8650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)