

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L60341 (9)

1. Corporation Name

EMTRON, INC.



Principal Place of Business

Mailing Address

3643 NE 25TH ST
#1
OCALA FL 34470
US

3643 NE 25TH ST
SUITE #1
OCALA FL 34470
US

2. Principal Place of Business

2a. Mailing Address

21 14750 SE 47 Loop

26 14750 SE 47 Loop

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State
Ocala, FL

27 City & State
Ocala, FL

23 Zip Country
32179 US

28 Zip Country
32179 US

24 32179 25 US

29 32179 30 US

9. Name and Address of Current Registered Agent

HOBAN, PETE
RT. 1 BOX 1309 FR94
OCCLAWAHA, FL
32679 FL 32670

3. Date Incorporated or Qualified

03/27/1990

3a. Date of Last Report

04/25/1995

4. FEI Number

59-3002825

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

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

Signature of president or principal officer of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME HOBAN, PETE
STREET ADDRESS 3643 NE 25TH ST
CITY - ST - ZIP Ocala FL

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE

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CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D Change Addition

12 NAME PETE HOBAN
13 STREET ADDRESS 14750 SE 47 Loop
14 CITY - ST - ZIP Ocala, FL 32179

21 TITLE Change Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE Change Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE Change Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE Change Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

65 TITLE Change Addition

66 TITLE Change Addition

67 TITLE Change Addition

68 TITLE Change Addition

69 TITLE Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/96

675-9643

CR2E034 (3/96)