

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L98184** (9)

1. Corporation Name
COMTRON CONSULTING INC.



Principal Place of Business

**ONE EAST BROWARD BLVD., SUITE 700
FT. LAUDERDALE FL 33301**

Mailing Address

**ONE EAST BROWARD BLVD., SUITE 700
FT. LAUDERDALE FL 33301**

3. Date Incorporated or Qualified
09/07/1990

3a. Date of Last Report
04/11/1995

4. FEI Number
65-0215445

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

2. Principal Place of Business

2a. Mailing Address

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State, Apt. #, etc.

State, Apt. #, etc.

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City & State

City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEGREDO, FRANK J
901 PONCE DE LEON BLVD, SUITE 701
MIAMI FL 33134**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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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 Registered Agent (if different from the corporation's principal officer)

Signature of Registered Agent (if different from the corporation's principal officer)

DATE

12. OFFICERS AND DIRECTORS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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100. TITLE
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STREET ADDRESS
CITY, ST, ZIP

14. I 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or both, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/96 (305) 356 0417

CR2E034 (12/95)