FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L99876

(9)

IMTRONICS INDUSTRIES INC.

FILED May 12 1997 8:00am Secretary of State



Principal Place of Business 11830 \$1ST COURT NORTH ST. PETERSBURG FL 33716		Mailing Addre	ss			T 10011019 949 1849 18101 18111 1884 8141 81911 81811 8184 81911 81811 1884			
			11830 31ST COURT NORTH ST. PETERSBURG FL 33716-1807						
						3. Date Incorporated or Qualified 09/13/1990		e of Last 9/1996	Report
2. Principal P	lace of Business	2a. Mailing Ad	dress			4. FEt Number	· · · · · · · · · · · · · · · · · · ·		Applied For
21		26	26			59-3040745			Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired			Additional Required
City & State	θ	City & Stat	o			6. Election Campaign Financing		\$5.0	0 May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip		Country	/	8. This corporation has liability for in	njangible t	ax under	s. 199.032,
24	25	29	30			Florida Statutes	Yes 🗆] No	
	9. Name and Address of Curr	ent Registered Agen	1			10. Name and Address of New Reg	Istered A	gent	
WATTS, RICHARD N.					81 Name				
1135	SOUTH PASADENA AVENUE				Street Ado	dress (P.O. Box Number is Not Acceptable)			
SUIT	E 107			82		, , , , , , , , , , , , , , , , , , ,	~,		
ST. F	PETERSBURG FL 33707			83					
				84	City		FL	85 Zij	p Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Flo	orida Statutes, th	ie abov	e-named cor	poration submits this statement for the pu	rpose of	changing	its registered
	im familiar with, and accept the obl	ligations of, Section 60	7.0505, Florida	Statute	S.	ition's board of directors. I hereby accep	t mo appe		ao rogisteroa
SIGNATURE	Signature, typod or printed name of registered a	agent and title if applicable	(NOTE: Beg	istered Ag	ent signature requ	ired when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	ORS IN 12
TITLE	PD		DELETE	1.1 TO LE				Change	Addition
NAME	COHEN, STEOHEN B.		ľ	1.2 NAME					
STREET ADDRESS	729 PONCE DE LEON DR.			1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	TIERRA VERDE FL			1.4 CITY-3	ST-ZIP				
TITLE	VD		DELETE	2.1 JIJLE				Change	Addition
NAME	LUCAS, LINDA M.			2.2 NAME					
STREET ADDRESS	729 PONCE DE LEON DR.			2.3 STREE	1 ADDRESS				
CITY-ST-ZIP	TIERRA VERDE FL			2. 4 CITY -	S1-ZIP				
TITLE			DELETE	3.1 TITLE				Change	Addition
NAME			l l	3.2 NAME	ļ				
STREET ADDRESS				3.3 STREE	T ADDRESS				
CITY-ST-ZIP				3.4 CITY-	ST-ZIP				
TITLE			DELETE	4 1 1 11 LF			ļ	Change	Addition
NAME			L	4 2 NAME	l				
STREET ADDRESS				4.3 STREE	T ADDRESS				
CITY-ST-ZIP				4.4 CHY-3	ST-7IP				
TITLE			DELETE '	5.1 TITLE				Change	Addition
NAME				5.2 NAME					
STREET ADDRESS			į	5.3 STREE	1 ADDRESS				
CITY-ST-ZIP				5.4 CITY - 3	ST - ZIP				
TITLE			DELETE	6 1 111 LF				Change	Addition
NAME			I	62NAME					
STREET ADDRESS				63STREE	1 ADDRESS				
CITY-ST-ZIP		1		6.4 CITY - 5	S1-ZIP				
		·	-						

I do hereby certify that the information survised 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 eath; that I am an officer or director of the corporation or the receiver or drusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an anacomptent with an address.