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

PROFIT CORPORATION ANNUAL REPORT

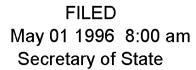


FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS DOCUMENT # P93000038635 (7)

GALTRONICS USA, INC.



| - 1 | | | | | | | |
|-----|--|--|--|--|--|--|--|
|-----|--|--|--|--|--|--|--|

| Principal Place | | Mailing Address | 18104 | | |
|---|--|--|------------------------------------|--|---|
| 8723 TEMPLE TAMPA FL 336 | | 8723 TEMPLE TERRACE (TAMPA FL 33637 | HWY | | |
| | | | | 3. Date Incorporated or Qualified 05/27/1993 | 3a. Date of Last Report 05/01/1995 |
| 2. Principal Pla | ce of Business ALHOUN DRIVE | 2a. Mailing Address | 00265 | 4, FEI Number 59-3184985 | Applied For |
| 21 525 U Suite, Apt. # | | 26 P.O. Box Suite, Apt. #, etc. | 00200 | | Not Applicable \$8.75 Additional |
| 22 | , 0.0. | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | _ | 6. Election Campaign Financing | \$5.00 May Be |
| 23 ATHEN | | 28 ATHENS, G | , | Trust Fund Contribution | Added to Fees |
| Zp Zneno | -0265 ₂₅ USA | Zp 0000 0005 | Country | 8. This corporation has liability for | |
| 24 30608 | g. Name and Address of Curren | 29 30608-0265 | 30 USA | Florida Statutes Yes 10. Name and Address of New F | No legistered Agent |
| | J | | 81 Name_ | | |
| AASS, PA | ur w | | B ₁ | LL KNUTSON dress (P.O. Box Number is Not Acceptal | |
| | IPLE TERRACE HWY | | 82 Street Add | 190 FENNSBURY DRI | NE) |
| TAMPA FI | | | 83 | 130 LENNSBURY DRI | VE |
| *************************************** | | | 04 03 | | Test 72 Octo |
| | | | 84 City | MPA | FL 85 Zip Code 33624 |
| 11. Pursuant to | the provisions of Sections 607.0502 | and 607.1508, Florida Statutes | the shove named corne | visition eulamite this etatement for the nu | roope of changing its registered office |
| or registere familiar with | ed agent, or both, in the State of Florid h, and accept the obligations of, Secti | ia. Such change was authorized of 607.0605, Epirida Statutes. | d by the corporation's boa | ard of directors. Thereby accept the app | ointment as registered agent. I am |
| SIGNATURE. | William LA | sudson 1 | Villiam J. | KNUTSON | 4/20/96 |
| | | and little if applicable. (NOTE | Registered Agent signature require | ed when reinstating) | pate / |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFF | |
| TITLE | D NAME OF COME OF COME | ☐ DELÉTE | 1. 1 TITLE | | Change 🗌 Addition |
| NAME | KNUTSON, BILL | | 1.2 NAME | 14100 5 | _ |
| STREET ADDRESS | 14190 F ENNSBURY DRIVE TAMPA FL | | 1.3 STREET ADDRESS | 14190 FENNSBURY | DRIVE |
| CITY-ST-ZIP TITLE | D | ☐ DELETE | 1.4 CITY - ST - ZIP 2. 1 TITLE | JAMPA, FL 336 | Change Addition |
| NAME | CROWELL, KENNETH | | 2.2 NAME | | C statigs C statistics. |
| STREET ADDRESS | P.O. BOX 1589 N/A | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TIBERIAS 14115, ISRAEL | | 2.4 CITY - ST - ZIP | | |
| TITLE | D | DELETE | 3. 1 TITLE | | Change Addition |
| NAME | MAASS, PAUL W | | 3.2 NAME | | |
| STREET ADDRESS | 8723 TEMPLE TERRACE HWY | | 3.3 STREET ADDRESS | | |
| City-St-ZiP | TAMPA FL 33637 | | 3.4 CITY - ST - ZIP | | |
| TITLE | , | ☐ DELETE | 4. 1 TITLE | D/P | Change 🙀 Addition |
| NAME | | | 4.2 NAME | WILLIAM H. PHARR | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | WILLIAM H. PHARR 205 PINE VALLEY | DRIVE |
| CITY-SE-ZIP | | | 4.4 CITY - ST - ZIP | ATHENS GA 30606 | |
| TITLE | | ☐ DEFE1E | 5. 1 TITLE | | Change Addition |
| NAME | | | 5 2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | EJ DELETE | 5.4 CITY - ST - ZIP | | Chance C Addition |
| TITLE | | ☐ DELETE | 6. 1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | () | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | cadify that the information orientials | with this flinn's unkintarily funds | 6.4 CHY-ST-ZIP | for the exemption stated in Section 119 | 07(3)(k) Florida Statutes Uturther |
| certify that | the information indicated on this annu | ial report or supplemental annua | al report is true and accur | ate 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 of 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:

ME OF SIGNING OFFICER OR DIRECTOR

17-April 1996 706-8:46-0087