

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P93000038635 (7)**

1. Corporation Name
GALTRONICS USA, INC.



Principal Place of Business: **8723 TEMPLE TERRACE HWY TAMPA FL 33637**
Mailing Address: **8723 TEMPLE TERRACE HWY TAMPA FL 33637**

3. Date Incorporated or Qualified: **05/27/1993**
3a. Date of Last Report: **05/01/1995**

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|--|--|---|
| 2. Principal Place of Business 21 525 CALHOUN DRIVE Suite, Apt. #, etc. | 2a. Mailing Address 26 P.O. Box 80265 Suite, Apt. #, etc. | 4. FEI Number 59-3184985 Applied For Not Applicable |
| 22 | 27 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 ATHENS, GA City & State | 28 ATHENS, GA City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 30608-0265 25 USA Zip Country | 29 30608-0265 30 USA Zip 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 AASS, PAUL W 8723 TEMPLE TERRACE HWY TAMPA FL 33637 | 10. Name and Address of New Registered Agent 81 Name BILL KNUTSON 82 Street Address (P.O. Box Number is Not Acceptable) 14190 FENNSBURY DRIVE 83 84 City TAMPA FL 85 Zip Code 33624 |
|---|---|

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 607.0905, Florida Statutes.

SIGNATURE: *William J. Knutson* **William J. KNUTSON** **4/30/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|---|
| TITLE: D <input type="checkbox"/> DELETE | NAME: KNUTSON, BILL | 1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: 14190 FENNSBURY DRIVE | CITY-ST-ZIP: TAMPA FL | 1.2 NAME: | 1.3 STREET ADDRESS: 14190 FENNSBURY DRIVE |
| TITLE: D <input type="checkbox"/> DELETE | NAME: CROWELL, KENNETH | 1.4 CITY-ST-ZIP: TAMPA, FL 33624 | 2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: P.O. BOX 1589 N/A | CITY-ST-ZIP: TIBERIAS 14115, ISRAEL | 2.2 NAME: | 2.3 STREET ADDRESS: |
| TITLE: D <input type="checkbox"/> DELETE | NAME: MAASS, PAUL W | 2.4 CITY-ST-ZIP: | 3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 8723 TEMPLE TERRACE HWY | CITY-ST-ZIP: TAMPA FL 33637 | 3.2 NAME: | 3.3 STREET ADDRESS: |
| TITLE: <input type="checkbox"/> DELETE | NAME: | 3.4 CITY-ST-ZIP: | 4.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS: | CITY-ST-ZIP: | 4.2 NAME: D/P | 4.3 STREET ADDRESS: WILLIAM H. PHARR |
| TITLE: <input type="checkbox"/> DELETE | NAME: | 4.4 CITY-ST-ZIP: 205 PINE VALLEY DRIVE | 5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | CITY-ST-ZIP: | 5.2 NAME: | 5.3 STREET ADDRESS: |
| TITLE: <input type="checkbox"/> DELETE | NAME: | 5.4 CITY-ST-ZIP: | 6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | CITY-ST-ZIP: | 6.2 NAME: | 6.3 STREET ADDRESS: |
| TITLE: <input type="checkbox"/> DELETE | NAME: | 6.4 CITY-ST-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 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: *[Signature]* **17 April 1996** **706-546-0087**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)