

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S31747** (6)  
1. Corporation Name  
**TESLATRONICS, INC.**

Principal Place of Business Mailing Address  
**1310 HOLLENBECK AVE** **ONE PROGRESS BLVD., #25**  
**#C** **ALACHUA FL 32615**  
**SUNNYVALE CA 94087**  
**US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/06/1991** 3a. Date of Last Report **04/25/1994**

4. FEI Number **59-3050734** 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **4303 Vineland Road** 26 **4303 Vineland Road**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **//F-8** 27 **//F-8**  
City & State City & State  
23 **Orlando, FL** 28 **Orlando, FL**  
Zip Country Zip Country  
24 **32811** 25 **USA** 29 **32811** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOCH, THOMAS**  
**2549 N.W. 59TH STREET**  
**BOCA RATON FL 33498**

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>DPST</b>
NAME	<b>KOCH, MICHAEL</b>
STREET ADDRESS	<b>153 CARLISLE WAY</b>
CITY - ST - ZIP	<b>SUNNYVALE CA</b>
TITLE	<b>D</b>
NAME	<b>KOCH, CLAIRE</b>
STREET ADDRESS	<b>153 CARLISLE WAY</b>
CITY - ST - ZIP	<b>SUNNYVALE CA</b>
TITLE	<b>D</b>
NAME	<b>KOCH, THOMAS</b>
STREET ADDRESS	<b>2549 N W 59TH ST</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2551 Carter Grove Circle</b>
1.4 CITY - ST - ZIP	<b>Windermere, FL 34786</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>2551 Carter Grove Circle</b>
2.4 CITY - ST - ZIP	<b>Windermere, FL 34786</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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:

*Michael Koch*

Michael Koch

4/28/95

407-481-0160

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Telephone Number