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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90256 039 \*\*\*150.00

## DOCUMENT # \$88562

1. Corporation Name

ASTRON INTERNATIONAL, INC.

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Principal Place of Business 3410 WESTVIEW DR NAPLES FL 34104		Mailing Address			4 indilate terral (ster arres aire ) and		
		3410 WESTVIEW DR NAPLES FL 34104		DO NOT WIDITE IN T			
					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
	·				10/21/1991		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
21		26			35-1481065	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del> </del>		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State	_		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip - 29	Country 30	/	This corporation owes the current year to Personal Property Tax.	intangible ☑Yes ☐No	
24	9. Name and Address of Cu		<del></del>	10. Name and Address of New Registered Agent			
DAL			81	Name			
Daly, Richard C 1601 Gulf Shore BLVD N. Naples Fl 34102			82	Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City		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.

12.	SIGNATURE					. }				
Daly Richard C	Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)									
NAME	12.	OFFICERS AND		13.						
13 STREET ADDRESS   1601 GULF SHORE BLVD N.   13 STREET ADDRESS   14 CITY-ST-ZIP	TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Add	dition				
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### DELETE	CITY-ST-ZIP			3.4. CITY-ST-ZIP						
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informati 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, with all other like empowered.

SIGNATURE: \_



94/-435-0/36 Daytime Phone #