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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Mar 11 1997 8:00am

Secretary of State

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## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V30049

SIGNATURE:

(3)

OLTRONICS, INC.

Applied Flat. of Bush of Last Report  A/13/1992  2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Firming Plat. of Bush ones 2. Sale. Apt. 4, etc. 3. Sale. Apt. 4, e	Denoinal Ittoor	a of Ducknoon	Mailing Address	<del> </del>			INDE OFFICE STATE		<b>Jan 188</b> 1
AMANDO FL 32919-8022  2. Environing Proce of Business.  2. Making Address  3. Date Incorporated or Qualified  3. Date Incorporated or Section Officed  3. Date Incorporated Officed  3. Date Incorporat	,		· ·						
S. Principal Place of their ess   2a, Mailing Address   2a, Mailin				2					
Suito, Agrid #, info.   26   Suito, Apt. #, otc.   2   Suito, Apt. #	OFLANDO FL 3 US	32819	US	US		_ I			port
Since, Appl. #, etc.    Since, Appl. #, etc.   Since, Appl. #, etc.   Since, Appl. #, etc.   Since, Appl. #, etc.   Croy & State.   Croy & State.   Since, Appl. #, etc.   Croy & State.   Croy & State.   Crowntry	2. Principal Pl	lace of Business	2a. Mailing Address					Apr	otied For
Coy & Stock  Cry &	21		26			22-2763057		Not	Applicable
Coty & State	Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	138		
28   Country   24   Country   25   Country   27   Country   28   This corporation has liability for intengible tax under a 199 032,	22	N. 44 TAXIVIA - N. 100 TAXIVIA - 100 TAXIVIA					, , , , , , , , , , , , , , , , , , ,		<del> </del>
Country   Zip   Country   Zip   Country   Size   Country   Size   Country   Size   Country   Size   Country   Size   Country   Size	— <sub>1</sub>	e	<b>⊢</b> ′ ′ ′			, -			
9. Name and Address of Current Registered Agent  OLIVER, ROBERT N 7556 MUNICIPAL DRIVE SANDLAKE WEST ORLANDO FI. 32819  18. Name  19. Name and Address of New Registered Agent  OLIVER, ROBERT N 7556 MUNICIPAL DRIVE SANDLAKE WEST ORLANDO FI. 32819  18. Name  18. Seried Address (P.C. Box Number is Not Acceptable)  18. Seried Address (P.C. Box Number is Not Acceptable)  18. Name  18. Seried Address (P.C. Box Number is Not Acceptable)  18. Seried Address (P.C. Box Number is Not Acceptable)  18. Seried Address (P.C. Box Number is Not Acceptable)  18. Seried Address (P.C. Box Number is Not Acceptable)  18. Seried Address (P.C. Box Number is Not Acceptable)  18. Seried Address (P.C. Box Number is Not Acceptable)  18. Seried Address (P.C. Box Number is Not Acceptable)  18. Seried Address (P.C. Box Number is Not Acceptable)  18. Seried Address (P.C. Box Number is Not Acceptable)  18. Seried Address (P.C. Box Number is Not Acceptable)  18. Seried Address (P.C. Box Number is Not Acceptable)  18. Seried Address (P.C. Box Number is Not Acceptable)  18. Seried Address (P.C. Box Number is Not Acceptable)  18. Seried Address (P.C. Box Number is Not Acceptable)  18. Seried Address (P.C. Box Number is Not Acceptable)  18. Seried Address (P.C. Box Number is Not Acceptable)  18. Seried Address (P.C. Box Number is Not Acceptable)  18. Seried Address (P.C. Box Number is Not Acceptable)  19. Seried Address (P.C. Box Number is Not Acceptable)  19. Seried Address (P.C. Box Number is Not Acceptable)  19. Seried Address (P.C. Box Number is Not Acceptable)  19. Seried Address (P.C. Box Number is Not Acceptable)  19. Seried Address (P.C. Box Number is Not Acceptable)  19. Seried Address (P.C. Box Number is Not Acceptable)  19. Seried Address (P.C. Box Number is Not Acceptable)  19. Seried Address (P.C. Box Number is Not Acceptable)  19. Seried Address (P	23   Zub	Country	·				<del></del>		
9. Name and Address of Current Registered Agent  OLIVER, ROBERT N 7556 MUNICIPAL DRIVE SANDLAKE WEST ORIANDO FL 32819  62  Siverel Address (P.O. Box Number is Not Acceptable)  63  64  City FL 85 Zip Code Ci	24	· <del> </del>	···-η	<u></u>		· _ · _ · _ · · · ·			199.032,
OUVER, ROBERT N.  2. OFFICERS AND LAKE WEST OUVER, MOUNTREY OUVER, ROBERT N.  2. OFFICERS AND LAKE WEST OUVER, MOUNTREY OUVER,	(4)			1301					
SANDLAKE WEST ORIANDO FL 32819  11. Pursuand to the provisions of Socious 607,0502 and 607,1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing fits registered agent of the purpose of changing fits registered agent and purpose of control of the purpose of changing fits registered agent and purpose of control of the purpose of changing fits registered agent and purpose of control of the purpose of changing fits registered agent and purpose of control of the purpose of changing fits registered agent and purpose of control of the purpose of changing fits registered agent and purpose of control of the purpose of changing fits registered agent and purpose of control of the purpose of changing fits registered open of control of directors. I hereby accept the appointment as registered agent and purpose of control of the purpose of changing fits registered open appears registered agent and purpose of control of the purpose of changing fits registered open appears registered agent and purpose of changing fits registered open appears registered of control of directors. I hereby accept the appointment as registered agent and purpose of changing fits registered open appears registered of directors. I hereby accept the appointment as registered agent agents registered agent agents registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered agent agents registered of directors. I hereby accept the appointment as registered of fits of the purpose of changing fits registered of the purp	OLIV	ÆR. ROBERT N		81	Name				
SANDLAKE WEST ORLANDO FL 32819  64 City FL 85 Zip Code 11. Furnation of the previous are of Societies 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or stoth, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent or a fauth-wave agent and test decidation.  11. Furnation of the previous agent of both of the Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent or a fauth-wave agent and test decidation.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. THE STATE ADDRESS TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. STREET ADDRESS  15. STREET ADDRESS				82	Street Arid	ress (P.O. Boy Number is Not Acceptab	e)		
Section   Control   Cont	SAN	IDLAKE WEST		"-	Ollool Add	to box Hambor is Not Notopias	o,		
11. Pursuant to the provisions of Sections 607.05.02 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered algorit, or both, with the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered agent, or the florida such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered agent, or the florida such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered agent, or the florida such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered agent, or the floridation of the floridation o	ORL	ANDO FL 32819		83					
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 and international accept the polipidations of Section 607 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DELETE 1.1 TITLE 1.2 AME  SINGELLADORESS  CILY ST. JP.  OLIVER, ROBERT N.  7556 MUNICIPAL DR., SANDLAKE WEST  ORLANDO FL  1.3 STREEL ADDRESS  CILY ST. JP.  OLIVER, MOUNTREY  7556 MUNICIPAL DR., SANDLAKE WEST  ORLANDO FL  1.4 CITY-ST-2IP  1.5 TITL  1.5 TITL  1.6 Change Additional Control of Section 607 0505  OLIVER, MOUNTREY  7556 MUNICIPAL DR., SANDLAKE WEST  ORLANDO FL  1.5 TITLE  1.5 T				84	City		FL 85	Zip C	ode
SIGNATURE	11. Pursuanti	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the abov	e-named corp	poration submits this statement for the p	urnose of chan	iging its	registered
SIGNATURE	office or n abent I a	registered agent, or both, in the Sta and familiar with <b>end</b> accept the ob-	ate of Florida. Such change was ligations of, Section 607.0505. F	s authorized b Florida Statute	y the corpora s.	tion's board of directors. I hereby accep	t the appointm	ent as r	egistered
NOTE   Registered Agriculty   Section   Sect		11/2				2/0	1/57		
DELETE	SIGNATORE.	Signature typed committed name of registered	agent and little if applicable (NC	)1E: Registered Ag	ent signature requ		DATE		
DILYER, ROBERT N.	12.		Lari (1971) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			ADDITIONS/CHANGES TO OFFIC			
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6.14 City-S1-ZIP 6.4 City-S1-Z	CITY-S1-7IP	L. bu could that the information cour	shed with this filing does not gue			d in Section 119 07(3)(i) Florida Statute	L further certi	ify that t	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; the	informatic	on indicated on this annual report of	or supplemental annual report is	s true and acc	urate and the	it my signature shall have the same lega	l effect as if ma	ade unc	der oath; tha
Lam 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.	i am an o appears i	micer of director of the corporation in Block 12 of Block 13 if changed	r or trie receiver or trustee empo I, or on an at <u>tachment with</u> an a	owered to exe ddress	cute inis repo	at as required by Chapter 607, Fi0fida S	tatores; and thi	at iny n	aille