

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V40393** (3)

1. Corporation Name
PACTRON, INC.



Principal Place of Business Mailing Address
2639 ALBION STREET HOLIDAY FL 34691 **2639 ALBION STREET HOLIDAY FL 34691 US**

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country 30

3. Date Incorporated or Qualified **06/02/1992** 3a. Date of Last Report **03/16/1995**
4. FEI Number **59-3127112** 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**INSCHO, ROLAND
2639 ALBION STREET
HOLIDAY FL 34691**

10. Name and Address of New Registered Agent

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 _____ DATE _____
(If the Registered Agent signature is required when re-registering)

12. OFFICERS AND DIRECTORS

12.1 TITLE	DPS	<input type="checkbox"/> DELETE
12.2 NAME	INSCHO, ROLAND	
12.3 STREET ADDRESS	2639 ALBION ST	
12.4 CITY-ST-ZIP	HOLIDAY FL	
12.5 TITLE	V	<input type="checkbox"/> DELETE
12.6 NAME	INSCHO, SOM	
12.7 STREET ADDRESS	2639 ALBION ST.	
12.8 CITY-ST-ZIP	HOLIDAY FL	
12.9 TITLE	T	<input checked="" type="checkbox"/> DELETE
12.10 NAME	INSCHO, LISA M	
12.11 STREET ADDRESS	2639 ALBION ST	
12.12 CITY-ST-ZIP	HOLIDAY FL	
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-ST-ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-ST-ZIP		
13.5 TITLE	V T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	INSCHO SOM	
13.7 STREET ADDRESS	2639 ALBION ST	
13.8 CITY-ST-ZIP	HOLIDAY FL	
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-ST-ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-ST-ZIP		
13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 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: *Roland Inscho* *Roland Inscho* 12 Feb 96 813 934 4223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)