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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 28 1998 8:00am Secretary of State

	MENT # J429; NOUSTRIES, INC.	32 (0)			1111 1111 1111 1111 1111 1111
Principal Plac	e of Business	Mailing Address		1 IEBUHAR BINI BUDAN NIDAN NANDE (NAS 1101 BUDA) BUDA	ENEW DIBIN BURN BURN IES
C/O A POLNER 7598 LA CORNICHE CIRCLE BOCA RATON FL 33433 US		C/O A. POLNER 7598 LA CORNICHE CIRCLE BOCA RATON FL 33433 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/19/1986	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		22-2748810	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. W, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5,00 May Be
23	·	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	
24	25 9. Name and Address of Cu	[29]	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
	CA RATON FL 33433 to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	.0502 and 607.1508, Florida Statut tate of Florida. Such change was bligations of, Section 607.0505, Flo	84 City es, the above-named cauthorized by the corporida Statutes.	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the app	85 Zip Code changing its registered ointment as registered
	Signature, typed or printed name of registere		E. Registered Agent signature re		
12.	D	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	POUNER, ANNETTE 7598 LA CORNICHE CIRC BOCA RATON FL		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	DOOR INTONIC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		• —
STREET ADDRESS			2.3 STREET AODRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		□ DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE		L.J DELETE	4.1 TITLE		☐ cuange ☐ Addition
NAME OZDEST 1000EGG			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition

14. I hereby certify that the information supplied with this fliing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or one hatted many twith appropriate the corporation of the corporati

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

___ Addition