


COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 09, 1999 8:00 am
Secretary of State
09-09-1999 90006 031 ***550.00

DOCUMENT # L50370
Corporation Name
LITAR-ASSOCIATES, INC.



Principal Place of Business	Mailing Address
GARY E BARG 10 NE 20TH CT MIAMI BEACH FL 33179	C/O GARY E BARG 19050 NE 20TH CT N MIAMI BEACH FL 33179 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	02/06/1990		
4. FEI Number	65-0168631	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Principal Place of Business	2a. Mailing Address
P.O. Box 21646	26 PO Box 21646
Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
City & State	City & State
Fort Lauderdale, FL	Fort Lauderdale, FL
Zip	Zip
33335	33335
Country	Country
USA	USA

9. Name and Address of Current Registered Agent

MANZINI, NICOLAS
44 W FLAGLER ST
STE 2050
MIAMI FL 33130

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	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	DPT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
IE	BARG, GARY E	1.2 NAME	
EET ADDRESS	19050 NE 20TH CT	1.3 STREET ADDRESS	PO Box 21646
ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP	Fort Lauderdale FL 33335-1646
E		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		2.2 NAME	
EET ADDRESS		2.3 STREET ADDRESS	
ST-ZIP		2.4 CITY-ST-ZIP	
E		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		3.2 NAME	
EET ADDRESS		3.3 STREET ADDRESS	
ST-ZIP		3.4 CITY-ST-ZIP	
E		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		4.2 NAME	
EET ADDRESS		4.3 STREET ADDRESS	
ST-ZIP		4.4 CITY-ST-ZIP	
E		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		5.2 NAME	
EET ADDRESS		5.3 STREET ADDRESS	
ST-ZIP		5.4 CITY-ST-ZIP	
E		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		6.2 NAME	
EET ADDRESS		6.3 STREET ADDRESS	
ST-ZIP		6.4 CITY-ST-ZIP	

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 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: _____ 9/7/99 954/462-2511

CR2E034 (5/99)