


SECOND 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).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90009 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000086686

1. Corporation Name
LITE TRONIX INDUSTRIES, INC.



Principal Place of Business 7017 MONTRICO DRIVE BOCA RATON FL 33433	Mailing Address 7017 MONTRICO DRIVE BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>7147 Mariana Ct</i>		2a. Mailing Address 26 <i>7147 Mariana Ct</i>		3. Date Incorporated or Qualified 10/06/1997	
22 Suite, Apt./#, etc.		27 Suite, Apt./#, etc.		4. FEI Number 65-0801733	
23 City & State <i>Boca Raton FL</i>		28 City & State <i>Boca Raton FL</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33433		29 Zip 33433		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SUSSER, GARY E
 2755 S FEDERAL HIGHWAY
 SUITE 313
 BOYNTON BEACH FL 33435-7743

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME KATZ, RONALD	
STREET ADDRESS 7017 MONTRICO DRIVE	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <i>Katz, Ronald</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS <i>7147 Mariana Ct</i>	
1.4 CITY-ST-ZIP <i>Boca Raton FL 33433</i>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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: _____ DATE: *7/13/99* (561) 338 7052 DAYTIME PHONE # _____

CRZE034 (5/99)

LOUISE C. BROWN, ACCOUNTANT
2820 N.W. 45th Street
Boca Raton, FL 33434
(561) 994-1763
FAX (561) 994-3671

593642-90009-48
P97000086686

July 13, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: LITE TRONIX INDUSTRIES INC.
E.I.N. 65-0801733
DOCUMENT # P97000086686

To whom it may concern:

Enclosed please find a completed 1999 Annual Report for Lite Tronix Industries Inc. A check for \$150.00 is attached.

The company never received the original report. It is possible it went to the original address and was never forwarded. While I was doing their year end accounting I asked for a copy of their completed report. Ron Katz, the President of the Company, indicated that he never received it. I had him call your division immediately and request a new set of paperwork.

We hereby request an abatement of the additional fees and penalties imposed due to the late filing of this return. Mr. Katz has always filed his Annual Reports for all his companies on a timely basis and regrets the delay in this case. He called the State as soon as he was aware of the missing paperwork.

Thank you in advance for your consideration in this matter.

Sincerely,



LOUISE C. BROWN
Accountant