

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

1995



APPROVED
AND
FILED

95 MAR -1 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006312 (2)

NOVATEK CORPORATION OF DELAWARE

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3700 NW 124th Ave		26 PO BOX 770397		12/12/1994		12/12/1994	
22 Coral Springs, FL		27 Coral Springs, FL 33065		4. FEI Number		Applied For	
23 Coral Springs, FL		28 Coral Springs, FL		06-1211302		Not Applicable	
24 33065		29 USA		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26		31		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOWE, STEVE				81 Name			
3700 NW 124TH AVE				82 Street Address (P.O. Box Number is Not Acceptable)			
CORAL SPRINGS FL 33065				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 _____ (NOTE: Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HUFFSTETLER, BARRY	1.2 NAME	
STREET ADDRESS	3700 NW 124TH AVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	CORAL SPRINGS FL 33065	1.4 CITY, ST, ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	HOWE, STEVE	2.2 NAME	
STREET ADDRESS	3700 NW 124TH AVE	2.3 STREET ADDRESS	
CITY, ST, ZIP	CORAL SPRINGS FL 33065	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/95

305-341-7700