PROFIT CORPORATION ANNUAL REPORT **1996**	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K01602   (7)

1. Corporation Name

NEXTEC, INC.

Principal Place of Business	Mailing Address
82 ERIN WAY **NAPLES FL 33999-4641** **US**	**82 ERIN WAY** **NAPLES FL 3399-641** **US**

3. Date Incorporated or Qualified **11/12/1987**		**3a.** Date of Last Report **03/24/1995**	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **65-0024229**	Applied For / Not Applicable
21	26		
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc	5. Certificate of Status Desired ☑	**$8.75** Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country

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
KLOOTS, JACK **82 ERIN WAY** **NAPLES FL 33999**	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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DPV**	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	**KLOOTS, JACK**		1 2 NAME		
STREET ADDRESS	**82 ERIN WAY**		1 3 STREET ADDRESS		
CITY-ST-ZIP	**NAPLES FL**		1 4 CITY-ST-ZIP		
TITLE	**TS**	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	**KLOOTS, JACK**		2 2 NAME		
STREET ADDRESS	**82 ERIN WAY**		2 3 STREET ADDRESS		
CITY-ST-ZIP	**NAPLES FL**		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			3 4 CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: _Jack Kloots_   6/6/96   941/353-2503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #