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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1 96792

1. Corporation X-NIX TE	CHNIK, INC.								
Principal Place	of Business	Mailing Address				it ilet bibli bibli beri	I BIDH BH	ILE BUBSI (BBI)	
5750 MARGATE	•	5750 MARGATE BLVD)						
SUITE 205	50,00	SUITE 205				•	_		
MARGATE FL 30	3063	MARGATE FL 33063				E IN THIS SPAC	E		
U\$		US			3. Date Incorporated or Qualifed 08/01/1990				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Appl	lied For	
21		26			59-3031335			Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc	i.		5. Certifcate of Status Desired	SE) 7 -	.75 Ad		
22		27							
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	1 1	5.00 M dded to	, ,	
Zip 24	Country 25	Zip 29	30 Co.	intry	This corporation owes the curre Personal Property Tax.	ent year Intangible Ye		□No	
24	9. Name and Address of Current		100		10. Name and Address of New R	egistered Agent			
				81 Name					
	TON, PATRICIA G.			82 Street Add	dress (P.O. Box Number is Not Accepta	ble)			
	SUNFLOWER DIRVE			Oli eet Add	areas (1.0. Box Marries to Tree seepar				
MAR	GATE FL 33063			83					
				84 City		85	Zip Co	ode	
						FL∣			
11. Pursuant f	to the provisions of Sections 607.0502	and 607.1508, Florida 5	Statutes, the a	bove-named corp	poration submits this statement for the p	ourpose of chang	ing its re	egistered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change v	vas authonze	d by the corporati	ion's board of directors. I hereby accep	t the appointment	t as regi	stered	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change vons of, Section 607.0505	was authorized 5, Florida Stat	utes.	ion's poard of directors. Thereby accep	DATE	t as regi	stered	
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: Tabici

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90062 023 ***158.75