SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -6 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M69980** **(4)**

1. Corporation Name

NOVATEC CONSULTANT AND INVESTMENT, INC.

Principal Place of Business	Mailing Address
6366 EDGE O GROVE ORLANDO FL 32819	6366 EDGE O GROVE ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/18/1988**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
24: 25: 29: 30:

4. FEI Number: **59-2873338** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TOWNSON, JEAN
508 44TH AVE E
STE L1
BRADENTON FL 34203

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

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 [illegible] NOTE: Registered Agent signature required when remaining. DATE

12. OFFICERS AND DIRECTORS		13. [illegible]		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	DE BOECK, JEAN-MARIE	12 NAME		
STREET ADDRESS	508 44TH AVE E, L1	13 STREET ADDRESS		
CITY ST ZIP	BRADENTON FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	DE RECK, ANNE-MARIE	22 NAME		
STREET ADDRESS	65 B. CHEMIN DE BAS-RANS	23 STREET ADDRESS		
CITY ST ZIP	1328 OHAIN, BELGIUM	24 CITY ST ZIP		
TITLE	DST	31 TITLE	DPST	☒ Change ☐ Addition
NAME	DE BOECK, JEAN-MARIE	32 NAME		
STREET ADDRESS	508 44TH AVE E, L1	33 STREET ADDRESS		
CITY ST ZIP	BRADENTON FL	34 CITY ST ZIP		
TITLE	DP	41 TITLE	D [illegible]	☒ Change ☐ Addition
NAME	DRAZGA, EDMUND A	42 NAME		
STREET ADDRESS	508 44TH AVE E, L1	43 STREET ADDRESS		
CITY ST ZIP	BRADENTON FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I (We) 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)(i), Florida Statutes. I further certify that the information indicated in 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 any attachment with an address.

SIGNATURE: [signature] Jean De Boeck, Director June 20, 1995 (407)-894-7269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone

0011005 CP