

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000005252 (0)

1. Corporation Name
NOVATEK CORPORATION



Principal Place of Business
13721 NORTH DALE MABRY
TAMPA FL 33618

Mailing Address
3837 NORTHDAL BLVD., #282
TAMPA FL 33624-1841

3. Date Incorporated or Qualified 01/22/1993	3a. Date of Last Report 04/17/1996
4. FEI Number 59-3161299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 15821 Country Lake Dr.
Suite, Apt. #, etc.

22 City & State
23 Tampa FL
24 33624 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 30

9. Name and Address of Current Registered Agent

NEUMAN, JOLENE
16801 ASHWOOD DRIVE
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name Jo Neuman

82 Street Address (P.O. Box Number is Not Acceptable)

83 15821 Country Lake Dr.

84 City Tampa FL 85 Zip Code 33624

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: *Jo Neuman* (NOTE: Registered Agent signature required when reinstating) DATE: 3-13-97

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	NEUMAN, BRUCE	
STREET ADDRESS	16801 ASHWOOD DRIVE	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	NEUMAN, JO	
STREET ADDRESS	16801 ASHWOOD DRIVE	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALTERS, M. G	
STREET ADDRESS	2312 W. ROBSON	
CITY - ST - ZIP	TAMPA FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bruce Neuman	
1.3 STREET ADDRESS	15821 Country Lake Dr.	
1.4 CITY - ST - ZIP	Tampa, FL 33624	
2.1 TITLE	VTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jo Neuman	
2.3 STREET ADDRESS	15821 Country Lake Dr.	
2.4 CITY - ST - ZIP	Tampa, FL 33624	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	M.G. Walters	
3.3 STREET ADDRESS	7410 Van Dyke Rd	
3.4 CITY - ST - ZIP	Odessa, FL 33556	
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 do 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jo Neuman* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 3/13/97 813-968-7195

CR2E034 (9/96)