

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000077051 (9)

1. Corporation Name

NEW CENTURY TECHNOLOGIES, INC.



Principal Place of Business

408 LEXINGDALE DR.
ORLANDO FL 32828

Mailing Address

408 LEXINGDALE DR.
ORLANDO FL 32828

3. Date Incorporated or Qualified
11/01/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 408 LEXINGDALE DR.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 ORLANDO, FL

28

Zip

32828

Country

USA

29

Zip

Country

24

30

4. FEI Number

59-3209568

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$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

10. Name and Address of New Registered Agent

BALASUBRAMANIAN, USHA
408 LEXINGDALE DRIVE
ORLANDO FL 32828

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, if and only if agent is not

12. Registered Agent Signature required when re-nominating

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME SDP
STREET ADDRESS BALASUBRAMANIAN, USHA
CITY-ST-ZIP 10484 CRESTO DELSOL CIRCLE
ORLANDO FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS BALASUBRAMANIAN, KUNJITHAPATHAM
CITY-ST-ZIP 10484 CRESTO DELSOL CIRCLE
ORLANDO FL 32817

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

SDP
BALASUBRAMANIAN, USHA
408 LEXINGDALE DRIVE
ORLANDO, FL 32828

☒ Change ☐ Addition

D
BALASUBRAMANIAN, KUNJITHAPATHAM
408 LEXINGDALE DRIVE
ORLANDO, FL 32828

☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

USHA -- (USHA BALASUBRAMANIAN)

4/24/96

(407) 273-7350

Exp.

Deputy Phone #

CR2E034 (12/95)