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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P94000021157 (0)

NEW CENTURY INDUSTRIAL COMPANY

Principal Place of Business Mailing Address 8914 MAISLIN DRIVE 8914 MAISLIN DRIVE **TAMPA FL 33637** TAMPA FL 33637-6707 3. Date Incorporated or Qualified 3a. Date of Last Report 03/14/1994 03/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3234454 26 Not Applicable Suite Apt # etc. Suite. Apt. #. etc. \$8.75 Additional X 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zic Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes XNo 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GANDHI, HASMUKH 8914 MAISLIN DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33637** 83 Zip Code 11. Pursuant to the purvisions 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. Lam familiar with, and accept the obligations of, Section 607.0508. Florida Statutes.

HASNUKH IXANDH! GANDHI HASMUKH SIGNATURE. thro name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. D DELETE Change Addition BILLE 11 TITLE NAME 12 NAME STREET ADDRESS 1.3 STREET ADDRESS Drive CITY-ST-70F 14 CITY - ST - ZIP TILE DELETE 21 TITLE Change Addition NAME 22 NAME STREET ADORESS 23 STREET ADDRESS CITY-ST-ZIF 2 4 CITY-ST-ZIP DELETE THE 31 TITLE Change Addition NAME 32 NAME STREET ADDRESS **33 STREET ADDRESS** 3 4. CITY - ST - ZIP CITY - ST- ZIE DELETE Change Addition 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZiE □ DELETE 51 TITLE Change Addition NAMi 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-\$1-7P DELETE THEF 61 TITLE Change Addition NAME 62 NAMÉ STREET ADORESS 6 3 STREET ADDRESS

64 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 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 path; 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

SIGNATURE:

CITY-ST-20

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I am an officer or director of the corporation or the receiver or trustee empowered to execute appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

May 14 1997 8:00am

Secretary of State

(96/6)