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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000021157 (0)

NEW CENTURY INDUSTRIAL COMPANY

FILED Apr 24 1998 8:00am Secretary of State



Principal Place	o of Business	Mailing Add	Iress			4 1621(62) (16 (81)) 6101) 621(1 521(1 64)) 42016 (164) 1164) 1164 (164) 1164			
8914 MAISLIN DRIVE 8914 MAISLIN DR				<u> </u>					
TAMPA FL 33	637	TAMPA FL	33637			DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualified			
						03/14/1994			
2. Principal P	lace of Business	2a, Mailing /	Address			4. FEI Number	T A	oplied For	
21		26				59-3234454		ot Applicable	
Suite, Apl	₩, etc.		Suite, Apt. #, etc.				\$8.75	Additional	
22		27				5. Certificate of Status Desired	Fee R	beriupe	
City & State	0	City & S	tate			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip		Country	<i>i</i>	8. This corporation owes or has paid the cu			
24	25	29	30	<u> </u>				_ No	
	g. Name and Address of Co	urrent Registered Ag	ent		•	10. Name and Address of New Registered	Agent		
GA	NDHI, HASMUKH			81	Name				
891	14 MAISLIN DRIVE			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	•		
TAI	MPA FL 33637								
				83					
1				84	City		85 Zip	Code	
						FL	.		
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508.	Florida Statutes,	the abov	e-named c	orporation submits this statement for the purpose of	changing i	ts registered	
office or r	egistered agent, or both, in the 5 m familiar with land accept the c	State of Florida. Such obligations of Section	change was aut 607.0505. Florid	horized bi la Statute	y the corpo s.	orporation submits this statement for the purpose or oration's board of directors. I hereby accept the app	iointment as	registered	
	mila will, and dood, the	on gameno on occurr							
SIGNATURE	Signature, typed or pointed name of register	ed agent and title if applicable	(NOTE F	legislered Ag	ent signature re	quired when reinstating) OATE			
12.	OFFICERS	S AND DIRECTORS	_	13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	D	[,	DELETE	1.1 TITLE			Change	Addition	
NAME	gandhi, hasmukh			1.2 NAME					
STREET ADDRESS	8914 MAISLYN DRIVE			1.3 STREET	T ADDRESS				
CITY-ST-ZIP	TAMPA FL			1.4 CITY-5	ST - ZIP				
TITLE			DELETE	2.1 TITLE			Change	Addition	
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET	T ADDRESS				
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP				
TITLE			DELETE	3 1 TITLE			☐ Change	Addition	
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREE	T ADDRESS				
CITY-ST-ZIP				3.4. CHTY-	\$T - ZIP		<u>,</u>		
TITLE			DELETE	4.1 TITLE			Change	☐ Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	T ADDRESS				
CITY-ST-ZIP				4.4 CITY -	ST-ZIP				
TITLE			DELETE	5.1 TITLE			Change	Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	T ADDRESS				
CITY-ST-ZIP				5.4 CITY-	ST-ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE	6.1 TITLE			Change	Addition	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	T ADDRESS				
CITY-ST-ZIP				6.4 CITY -					
500 57 ER									

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 informatic 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:

813-984-