

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000031792 (2)**

1. Corporation Name

NEELTRON TECH, INC.



Principal Place of Business: **1100 SOUTHWEST 21 STREET BOCA RATON FL 33486**
Mailing Address: **1100 SOUTHWEST 21 STREET BOCA RATON FL 33486**

3. Date Incorporated or Qualified 04/27/1994	3a. Date of Last Report 06/14/1995
4. FEI Number 65-0485103	Applied For <input type="checkbox"/> 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	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**NEELAKANTASWAMY, P.S.
1100 SW 21ST STREET
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	DELETED
TITLE: P	<input type="checkbox"/>
NAME: NEELAKANTASWAMY, MANJULA	
STREET ADDRESS: 1100 SOUTHWEST 21 STREET	
CITY-ST-ZIP: BOCA RATON FL 33486	
TITLE: <input type="checkbox"/>	<input type="checkbox"/>
NAME: <input type="checkbox"/>	
STREET ADDRESS: <input type="checkbox"/>	
CITY-ST-ZIP: <input type="checkbox"/>	
TITLE: <input type="checkbox"/>	<input type="checkbox"/>
NAME: <input type="checkbox"/>	
STREET ADDRESS: <input type="checkbox"/>	
CITY-ST-ZIP: <input type="checkbox"/>	
TITLE: <input type="checkbox"/>	<input type="checkbox"/>
NAME: <input type="checkbox"/>	
STREET ADDRESS: <input type="checkbox"/>	
CITY-ST-ZIP: <input type="checkbox"/>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Change	Addition
1.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, unchanged, or on an attachment with an address.

SIGNATURE: *Neelakantaswamy V.P.*

Date: **3/3/96**
Daytime Phone #: **117-267-2469**

CR2E034 (12/95)