

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

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	FLORIDA DEPARTMENT OF STATE <b>Sandra B. Martham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000038947 (4)**

1. Corporation Name

**NITCO, INC.**

Principal Place of Business

3660 COCOPLUM CIR.  
COCONUT CREEK FL 33063

Mailing Address

3660 COCOPLUM CIR.  
COCONUT CREEK FL 33063

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27. Suite, Apt. #, etc.

City & State

23

28. City & State

Zip

24

29. Zip

Country

25

30. Country

9. Name and Address of Current Registered Agent

TUCKER, NEIL  
3660 COCOPLUM CIR.  
COCONUT CREEK FL 33063

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	<input type="checkbox"/> DELETE	1.1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, NEIL		1.2. NAME	
STREET ADDRESS	3660 COCOPLUM CIR.		1.3. STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33063		1.4. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	2.1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2. NAME	
STREET ADDRESS			2.3. STREET ADDRESS	
CITY-ST-ZIP			2.4. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2. NAME	
STREET ADDRESS			3.3. STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2. NAME	
STREET ADDRESS			4.3. STREET ADDRESS	
CITY-ST-ZIP			4.4. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2. NAME	
STREET ADDRESS			5.3. STREET ADDRESS	
CITY-ST-ZIP			5.4. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2. NAME	
STREET ADDRESS			6.3. STREET ADDRESS	
CITY-ST-ZIP			6.4. CITY-ST-ZIP	

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 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

1/12/98 954 984 9385  
Date/Phone # 0151177

CR2E034 (10/97)