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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **P95000042656 (5)**

1. Corporation Name
**NORTHEX INTERNATIONAL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1600 GULF BLVD. UNIT#717<br>CLEARWATER FL 34630 | 1600 GULF BLVD. UNIT#717<br>CLEARWATER FL 34630-2925 |

3. Date Incorporated or Qualified: 05/22/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 820 GULF BLVD #3
22: Suite, Apt. #, etc.
23: City & State: INDIAN ROCKS Beach, FL
24: Zip: 33785 25: Country

2a. Mailing Address
26: P.O. BOX 452
27: Suite, Apt. #, etc.
28: City & State: INDIAN ROCKS BEACH, FL
29: Zip: 33785 30: Country

4. FEI Number: 59-3318175 ☐ 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 |
|---|---|
| VINCENT, MICHAEL S<br>1520 SIMMONS DRIVE<br>SUITE ONE<br>CLEARWATER FL 34616 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable): 19 NEPTUNE AVE. NORTH<br>83: SUITE ONE<br>84 City: CLEARWATER FL 85 Zip Code: 34625 |

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: Michael S Vincent MICHAEL S. VINCENT 4/7/97
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 | ☐ DELETE | 1.1 TITLE | D, P | ☒ Change ☐ Addition |
| NAME | SCHIBER, ANDOR | | 1.2 NAME | | |
| STREET ADDRESS | 1600 GULF BLVD. - UNIT #717 | | 1.3 STREET ADDRESS | ~~P.O. BOX 452~~ 820 Gulf Blvd. #3 | |
| CITY-ST-ZIP | CLEARWATER FL 34630 | | 1.4 CITY-ST-ZIP | INDIAN ROCKS BEACH, FL. 33785 | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | D, S, T | ☒ Change ☐ Addition |
| NAME | SCHIBER, JENNY | | 2.2 NAME | | |
| STREET ADDRESS | 1600 GULF BLVD. - UNIT #717 | | 2.3 STREET ADDRESS | ~~P.O. BOX 452~~ 820 Gulf Blvd #3 | |
| CITY-ST-ZIP | CLEARWATER FL 34630 | | 2.4 CITY-ST-ZIP | INDIAN ROCKS BEACH, FL 33785 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | ASST SECRETARY | ☐ Change ☒ Addition |
| NAME | | | 3.2 NAME | SUSAN SCHIBER | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | 820 GULF BLVD #3 | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | INDIAN ROCKS BEACH, FL 33785 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

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 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: [illegible] ANDOR SCHIBER 4/7/97