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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000042656 (5)

1. Corporation Name

NORTHTEX INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 820 GULF BLVD #3 INDIAN ROCKS BEACH FL 33785 US		Mailing Address P.O. BOX 452 INDIAN ROCKS BEACH FL 33785 US	
2. Principal Place of Business 21 P.O. Box 452 Suite, Apt. #, etc 22 City & State 23 Indian Rocks Beach FL Zip 24 33785 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 05/22/1995		4. FEI Number 59-3318175 Applied For 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent VINCENT, MICHAEL S 19 NEPTUNE AVE NORTH SUITE 1 CLEARWATER FL 34625		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL 33765	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	SCHIBER, ANDOR	1.2 NAME	
STREET ADDRESS	820 GULF BLVD., #3	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	
NAME	SCHIBER, JENNY	2.2 NAME	
STREET ADDRESS	820 GULF BLVD #3	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	
NAME	SCHIBER, SUSAN	3.2 NAME	
STREET ADDRESS	820 GULF BLVD #3	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: SUSAN SCHIBER, Sec'y 4-27-98 820-595-2379

CR2E034 (10/97)