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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000048765 (8)**

N.X.T.C., INC.

Principal Place of Business

Mailing Address

212 THREE ISLAND BLVD.. #208 HALLANDALE FL 33009

212 THREE ISLAND BLVD.. #208 HALLANDALE FL 33009-7323

FILED Feb 25 1997 8:00am Secretary of State



						8 Data la	a O attind	3a. Date of Last I	Day and
				:	06/22/1995	06/22/1995 04/			
	Sace of Business		28. Mailing Address 26 /50/ 8, H	tura m	ue Par	4. FEI Number			pplied For
21 / 755 Suite, Apt	MASHEN	ISTEN ST.	Suite Ant # etc	MUNICOVIII VI	we oca	65-0598359		60 75	lot Applicable Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 \$ 189						5. Certificate of Statu	5. Certificate of Status Desired Fee Requi		
City & State City & State					······································	6. Election Campaign	6. Election Campaign Financing \$5		May Be
23 Housell D Fr 28			28 HAZZAND	City & State 8 HAZZAW DAZE, FL Zip Country 9 33009 30 BROWARD			Trust Fund Contribution		
24 33 0	10	Country BEOWAA	Zip	Count	ry	8. This corporation h			s. 199.032
24 330			1 29 <i>33 00 9</i> nt Registered Agent	30 2016	JWMCD	Florida Statutes 10. Name and Addre		Yes No	
EDE/		Address of Currer	is negistated Agent		1 Name	10. Hame and Addition	oo or non mag	istorou Agont	
FRED ALTENBURG 212 THREE ISLAND BLVD.									
SUITE 208					82 Street Address (P.O. Box Number is Not Acceptable)				
HALLANDALE FL 33009					13				<u></u>
				ī	14 City		,	. 85 Zip	Code
				"	T City	4			Code
11. Pursuant	to the provisions	of Sections 607 050	2 and 607.1508, Florida St	atutes, the abo	ve-named co	rporation submits this state	ment for the pu	irpose of changing	its registered
office or t agent. La	registered agent, im familiar with, a	or both, in the State nd accept the oblig	of Florida, Such change wations of, Section 607,0505	as authorized , Florida Statu	by the corpora les.	ation's board of directors.	nereby accept	the appointment as	s registerea
SIGNATURE									
12.	Styratori, typed ce pri	the Lame of regetered age	rus	(NOTE: Registered /	gent signature req	uired when reinstating)	GES TO OFFICE	DATE ERS AND DIRECTO	DC IN 12
12. 1][[PSTD	OFFICERS AN	DELETE	1.1 T/TU		//S/D	JES TO OFFICE	Change	
NAME	ALTENBURG,	FRED	La Mercie	1.2 NAM		PERTA AL	دو جلالا بحوس		120.00
STREET ADDRESS		SLAND BLVD., #2	08		EET ADDRESS	ATRICIA AL 255 WASHI HPLLYWOOD	コムケファン	~ C	
CHY-SI-26	HALLANDALE		••		-ST-ZIP	MULLIAND DE	FL 3	3019	
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NAME				2.2 NAM	IE				
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TITLE			DELFTE	3.1 TITL	£			Change	Addition
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NAME	:			5.2 NAM					
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CITY-\$1-72	}			5.4 CITY	-ST-ZIP				
THUE			☐ DELETE	61 TITL	E			Change	Addition
NAME				62 NAM	IE				
!									
STREET AUDRESS				63 STRI	EET ADDRESS				

Information and cated on this armual report or suppliemental 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 seceiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or only attact nent with an address.

SIGNATURE

ATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DECT

1-27-97 (954)455-9601