
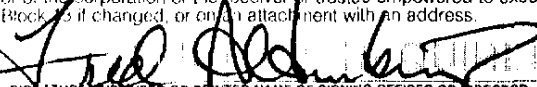


FILED

Feb 25 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 # P95000048765 (8)			
1. Corporation Name: N.X.T.C., INC.			
Principal Place of Business 212 THREE ISLAND BLVD., #208 HALLANDALE FL 33009		Mailing Address 212 THREE ISLAND BLVD., #208 HALLANDALE FL 33009-7323	
2. Principal Place of Business 21 1255 WASHINGTON ST. Suite, Apt. #, etc. 22 City & State 23 Hollywood FL Zip 24 33019		2a. Mailing Address 26 1501 E. HALLANDALE BCH Suite, Apt. #, etc. 27 #189 City & State 28 HALLANDALE, FL Zip 29 33009	
Country 25 BROWARD		Country 30 BROWARD	
9. Name and Address of Current Registered Agent			
FRED ALTENBURG 212 THREE ISLAND BLVD. SUITE 208 HALLANDALE FL 33009			81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or 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 block if applicable (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report 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			



CP2E034 (9/96)

1-27-97 (954) 455-9601

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