## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

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P95000078402 (1)

DOCUM 1. Corporation I	MENT # <b>P9500</b>	) <b>0078402 (</b> 1	l)						
•	LITRONIX CORP.								
Principal Place of	of Business	Mailing Address				S SOOMED HE CLIEF BINN BOND !	I SIOI WESTE WE		F1
5821 HOLLY HOLLYWOOI	WOOD BLVD. #200 D FL 33021	5821 HOLLYWOOD B HOLLYWOOD FL 3300							
						Date Incorporated or Qualified 10/12/1995	3a. D	ate of Last Re	port
2. Principal Plac	ce of Business	2a. Mailing Address 26			4.	. FEI Number 65~ 0630377		<del>  -</del>	Applied For Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			6.	. Certificate of Status Desired		•	Additional Regulred
City & State		City & State			6.	Election Campaign Financing     Trust Fund Contribution		\$5.00	May Be
<b>23</b> Zip	Country	Zip	Coun	try	8.	. This corporation has liability fo			
24	25 g. Name and Address of Current	29 t Registered Agent	30]		10	Florida Statutes Ye Name and Address of New	Registere	ed Agent	
	9. Name and Address of Correct	Hogistelet Agent		11 Name		GENT M. HERM	<u> </u>	o rigoni	
FILINGS			-	2 Street	Address (P	P.O. Box Number is Not Accepta	able)		
	.W. 16TH STREET AUDERDALE FL 33311			13	281		bub	<del></del>	
FORTE	AUDINDALL I L 00011		],	14 City		vite loo		. 85 Zıç	Code
					1400	14000	F	L   33	W-i
<ol><li>Pursuant to or registere</li></ol>	the provisions of Sections 607.0502 degent, of both in the State of Florid and access the obligation of Asecti	and 607.1508, Florida Statute la. Such change was authorize	es, the aboved by the co	e named co rporation's	orporation : board of o	submits this statement for the p directors. I hereby accept the ap	urpose of oppointment	changing its re as registered	egistered office   agent I am
familiar with	n/and accept the obligation to pecti	co 607.0505, Florida Statutes.		_		1			
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SIGNATURE	lighalu)., typed or printed name gryfystered egent i	W/// K	TE: Registered A	۸.	HEVN	14~	4/M DATE	96	
SIGNATURE S	ham m. num	and the Applicable (NO)	,०७६२	۸.	required when r	renstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	RS IN 12
5	of July , tybed or printed name of fastered agent in OFFICERS AND	and the applicable (NO	TE: Registered A	gent signature r	HERM required when r	renstating)  ADDITIONS/CHANGES TO OF	DATE	96	
12. TITLE NAME	OFFICERS AND  SPIVAK, PAUL	and the applicable (NO) D DIRECTORS DELETE	TE: Registered A  13. 1 1 TIT 12 NAM	gent signature r	HERM required when r	renstating)  ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	RS IN 12
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Haulspinal Paul SPINAK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 954-989-8000 Date Destrict Proces