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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000070542

1. Corporation Name

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90070 002 ***150.00

N.D.X.,	INC.						
					E HOUSTONS THE TOUR HOURS MAIN AND A COURT	AAND IAAN AANA AN	
Principal Plac	ce of Business	Mailing Address			I SANTIANI TINI ISHTI NUSTI N	PROJECTION OF THE PROPERTY OF	II MANAN AND ANDE
1150 E. HALL	ANDALE BEACH BLVD.	1150 E. HALLANDALE BEAG	CH BLVD.				
SUITE A SUITE A							
HALLANDALE FL 33009 HALLANDALE FL 33009					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		1
- 5: : :					08/14/1997	 	
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number	⊢	pplied For
21 Suite Ant	. # ata	26 Suite Act # etc			65-0775295		lot Applicable
		Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional tequired
		- 	City & State				
⊢ , ´ ⊢		28			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Count	rv	· · ·		
24	25		30	,	This corporation owes the current yea Personal Property Tax.	intangible ☐Yes	□No
	9. Name and Address of Currer		[55]		10. Name and Address of New Register	 	
			8	11 Name			
	HINSKY, LEONARD		L	D C14 A	(D.O. B. M. L. L. M. M. L. L. M. L.		
1150 E. HALLANDALE BEACH BLVD.			8	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	TE A		8	13			
HAL	Landale fl 33009		-	4 04			2 ()
			°	City		EL 85 Zip	Code
11, Pursuant	t to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the abo	ve-named co	rporation submits this statement for the purpose	e of changing it	s registered
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was au itions of Section 607 0505. Flor	uthorized b	y the corpora	ation's board of directors. I hereby accept the ap	ppointment as r	egistered
-	· -	10.10 01, 0001011 001.10000, 110.	Clatett				ļ
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Ag	ent signature requ	ired when reinstating) DATE	<u> </u>	
12.	OFFIÇERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		1.4	☐ Change	☐ Addition
NAME	SAVEL, DORIS		1.2 NAME	E			
STREET ADDRESS	1						
CITY-ST-ZIP	TAMARAC FL 33319		1.3 STRE	ET ADDRESS			
TILE	l D		1.3 STRE 1.4 CITY-				<u> </u>
NAME		☐ DELETE		-ST-ZIP		☐ Change	Addition
STREET ADDRESS	SAVEL, LOUIS	[] DELETE	1.4 CITY-	-ST-ZIP		☐ Change	<u> </u>
	SAVEL, LOUIS 4400 KING PALM DRIVE	C) DELETE	2.1 TITLE 2.2 NAME	-ST-ZIP		☐ Change	<u> </u>
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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, with all other like empowered.

SIGNATURE: