

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000086686**

1. Corporation Name

**LITE TRONIX INDUSTRIES, INC.**

Principal Place of Business

**7017 MONTRICO DRIVE  
BOCA RATON FL 33433**

Mailing Address

**7017 MONTRICO DRIVE  
BOCA RATON FL 33433**

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90009 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/06/1997**

4. FEI Number

**65-0801733**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes ☒ No

2. Principal Place of Business

**21 7147 Mariana Ct**

2a. Mailing Address

**26 7147 Mariana Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Boca Raton FL**

City & State

**28 Boca Raton FL**

Zip

**24 33433**

Country

Zip

**29 33433**

Country

**30**

9. Name and Address of Current Registered Agent

**SUSSER, GARY E  
2755 S FEDERAL HIGHWAY  
SUITE 313  
BOYNTON BEACH FL 33435-7743**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **KATZ, RONALD**  
STREET ADDRESS **7017 MONTRICO DRIVE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **Katz, Ronald**  
1.3 STREET ADDRESS **7147 Mariana Ct**  
1.4 CITY-ST-ZIP **Boca Raton FL 33433**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/13/99 (561) 3387052**

CR2E034 (5/99)

0074678

LOUISE C. BROWN, ACCOUNTANT

2820 N.W. 45<sup>th</sup> Street  
Boca Raton, FL 33434  
(561) 994-1763  
FAX (561) 994-3671

593642-90009-48  
P97 000086686

July 13, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: LITE TRONIX INDUSTRIES INC.  
E.I.N. 65-0801733  
DOCUMENT # P97000086686

To whom it may concern:

Enclosed please find a completed 1999 Annual Report for Lite Tronix Industries Inc. A check for \$150.00 is attached.

The company never received the original report. It is possible it went to the original address and was never forwarded. While I was doing their year end accounting I asked for a copy of their completed report. Ron Katz, the President of the Company, indicated that he never received it. I had him call your division immediately and request a new set of paperwork.

We hereby request an abatement of the additional fees and penalties imposed due to the late filing of this return. Mr. Katz has always filed his Annual Reports for all his companies on a timely basis and regrets the delay in this case. He called the State as soon as he was aware of the missing paperwork.

Thank you in advance for your consideration in this matter.

Sincerely,



LOUISE C. BROWN  
Accountant