

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S29275**

(2)

1. Corporation Name

N.C.I., INC.



Principal Place of Business

Mailing Address

**4100 N POWERLINE RD
SUITE T-2
POMPANO BEACH FL 33073**

**4100 N POWERLINE RD
SUITE T-2
POMPANO BEACH FL 33073**

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BAKSH, CHANDRANIE
4100 N POWERLINE RD
SUITE T-2
POMPANO BEACH FL 33073**

3. Date Inspected or Quoted
02/04/1991

3a. Date of Last Report
01/20/1995

4. FID Number

65-0242809

Applied For

Not Applicable

5. Certificate of Status Declared

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation is liable for intangible tax under s. 190.032,
Florida Statutes. ☒ Yes ☐ No

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 601.02 and 601.04, Florida Statutes, the above named corporation is submitting a 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. The corporation appoints the person named as registered agent. I am familiar with and accept the obligation of Section 601.06(5), Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation.

Signature of the person who is the president or secretary of the corporation.

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

**PD
BAKSH, CHANDRANIE
4405 N.W. 3 AVE.
POMPANO BEACH FL**

2. TITLE ☐ DELETE

3. TITLE ☐ DELETE

4. TITLE ☐ DELETE

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29. TITLE ☐ DELETE

30. TITLE ☐ DELETE

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY & STATE

5. ZIP CODE

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

15. NAME

16. NAME

17. NAME

18. NAME

19. NAME

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21. NAME

22. NAME

23. NAME

24. NAME

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27. NAME

28. NAME

29. NAME

30. NAME

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. Bakshi

2/18/96

305-768-3994

CR2E034 (12/95)