FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$52000

(4)

NOVADEX CORPORATION

APPROVED

97 JAN 27 PM 2: 38

SECRETARY OF STATE TALLAHASSEE. FLORIDA



Principal Place of Business Mailing Address								I ANII AIRIF ANIII	ONDIC BURN BURN U	
1401 NEETURE BOYNTON BEAC US	DBIME 3H FL 33426	SCUSBORO	421 COMSTOCK RD SCUSBOROUGH ON MIL2H US							
00		00					3. Date incorporated or Quali 05/02/1991		3a. Date of Last Report 03/13/1996	
	lace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number			
	us is close.	26					65-0401145 Not Applicable			
Suite, Apt.	#, etc	├ ─┐	Surte, Apt. #, etc.				5. Certificate of Status Desired			
22			Catal & State							
City & State	9	h	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Zip	Country	28 Zro	Zip Coun				This corporation has liability for intangible tax under s. 199.032,			
	25	29			odini y		Florida Statutes Yes No			
24		9. Name and Address of Current Registered Agent		[30]			10. Name and Address of New Registered Agent			
SCHI	ONE, LARRY				81	Name		· · · · · · · · · · · · · · · · · · ·	T	
	.E. FOURTH AVENUE					C4 4 A - 4	ddesac (D.O. Dou Niverbox is Med Accomptable)			
	RAY BEACH FL 33483					Street Ad	ddress (P.O. Box Number is Not Acceptable)			
OLG.	AT DESCRIPE GOTOG				83					
					B4	City			85 Zip	Code
						•		F	L	
office or r	egistered agent, or both, in the St m familiar with, and accept the ob- Signature typed or proteocour of negistered	ate of Flonda Suc digations of, Section	h change was on 607.0505, Fl	authorize orida Stat	d by utes	the corpor	propriation submits this statement for ration's board of directors. I hereby	accept the a	ppointment as	registered
12.		AND DIRECTORS				int, signature rec	ADDITIONS/CHANGES TO			RS IN 12
TITLE	VP			TITLE				Change	Addition	
NAME	PATEL, NATU			1.2 N/	AME					
STREET ADDRESS	1401 NEPTUNE DR.		1,3 \$			ADDRESS	RESS			
CITY-S1-ZIP	BOYNTON BEACH FL		1.4 C			T-ZIP	,			
TITLE	PST		DELETE 2.1 T				☐ Change ☐			Addition
NAME	USHER, THOMAS C.		2.21							
STREET ADDRESS	421 COMSTACK RD		2.3 9			ADDRESS		e .		
CITY - ST - ZIP	SCARSBOROUGH ON					ST - ZIP				
THTUE	D		DELETE	3 1 TI	TLE				Change	Addition
NAME	USHER, RUTH			3.2 N	AME					
STREET ADDRESS	1401 NEPTUNE DR.		3.3 9		3.3 STREET ADDRESS					
CrTY - ST - ZIP	BOYNTON BEACH FL				I, CITY - ST - ZIP		······································			F 1 4 :
TOTALE			☐ DELETE	4.1 18	TLE				Change	Addition
NAME				4.2 N	AME					
STREET ADDRESS				4.3 5	TREET	ADDRESS				
CITY-ST-ZIP			1 55.545			r-zip			100	Addition
TITLE	DELETE		1	5.1 TITLE				Change	Addition	
NAME				52 N						
STREET ADORESS						ADDRESS				
CHTY - ST - ZiP			Dr. eve			T-ZIP			Ohrace	g skatistic -
TITLE			DELETE	6.1 TI			M clauder		Change	Addition
NAME				6.2 N			180197 1800			
STREET ADDRESS						ADORESS	& Charles			
CITY -ST - ZIP				6.4 C	ITY-S	T-ZIP	年の社へい	S	d and all a	41

14. I do 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 consoration 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 12 or Block or on an attachment with an address.

SIGNATURE:

CR2E034 (9/96)