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

1996

(0)

Corporation N	IT INDUSTRIES INC.								
						 	AAN BIAN KI		
incipal Place of		Mailing Address	_						
2030 SW 71ST D-8	TERRACE	7027 W. BROWARD BLV 174	D.						
DAVIE FL 3331	7	PLANTATION FL 33317				3. Date Incorporated or Qualified	3a. Dat	e of Last Re	port
		US				06/16/1992	1 0	4/14/199	5
Principal Plac	e of Business	2a. Mailing Address				4. FEI Number			pplied For
		26	<u>,</u>			59-1935031			ot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		+	Additional lequired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
Only a onaio		28				Trust Fund Contribution			to Fees
Zip	Country	Ζφ		untry		8. This corporation has liability for	intangible t	tax under s	199.032,
	25	29	30	1		Florida Statutes Yes 10. Name and Address of New F		Agent	
	9. Name and Address of Currer	it negistered Agent		81	Name	10. Name una Addices et New 1			
						Address (P.O. Box Number is Not Acceptable)			
9326 NW 8TH CIR.				02	Street Addre	dress (P.O. Box Number is Not Acceptable)			
	ION FL 33324								
				84	City			85 Zip	Code
				-	,		<u> - </u>	- _	and a second a second
Pursuant to or registerer	the provisions of Sections 607.0502	2 and 607.1508, Florida Statute: ida. Such change was authorize	s, the ab d by the	ove-na corpor	imed corpori ration's boar	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of cl ointment a	nanging its re is registered	agent. I am
familiar with	, and accept the obligations of, Sec	tion 607.0505, Florida Statutes.	,		٥		3-1	4-9	_
IGNATURE _	Ignature, typed or prilited name of egistered agen	t and little if andicable (NOT	F: Beastere	d Apent :	signature required	t when reinstating)	DATE		<u> </u>
2.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	ICERS AN		
TLE	Р	DELETE		1. 1 TITLE		•		☐ Change	Addition
AME	NEUNER, GEORGE G			NAME					
TREET ADDRESS	9326 NW 8TH AVE.		ı	STREET A					
TY-ST-ZIP	PLANTATION FL		1.4 CITY - ST - ZIP 2. 1 TITLE		- ZIP	Lice President		Change	Addition
ITLÉ Ame	V. PRES Georgalis, Cy	Decere	ı	NAME	`	lice President Cy Georgatis S 453 Itally wood Hollyneed Fl			_
TREET ADDRESS	2423 Hollyone	3 WA #1			ADDRESS	8453 Holly wood	BLV	1 # 1	
TY-ST-ZIP	Hollywood FL3	3021	24	CITY-ST	- ZIP	Hollywood FL	_ 33	150	
TLE		☐ DELETE	3. 1	TITLE		,		Change	☐ Addition
AME				NAME					
REET ADDRESS					ADDRESS				
TY-ST-ZIP		☐ DELĒTĒ		3.4 CITY - ST - ZIP 4. 1 TITLE				Change	Addition
TLE AME		[_] perc.t		NAME					
TREET ADDRESS					ADDRESS				
ITY-ST-ZIP			4.4	CITY-ST	- ZIP				
TLE		☐ DELETE		TITLE				☐ Change	Addition Addition
AME			1	NAME					
FREET ADDRESS					ADDRESS				
ITY-ST-ZIP		☐ DELETE		CITY-ST TITLE	1- ZIF			Change	Addition
AME		_ 0.220,12		NAME				_ •	•
TREET ADDRESS					ADDRESS				
NTV CT 710			64	CITY - ST	T-ZiP				
14. I do hereby	y certify that the information supplied the information indicated on this and I am an officer or director of the corp					for the exemption stated in Section 11 ate and that my signature shall have the			

SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR