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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # F94000000648 (5)

1. Corporation Name
INDOTRONIX INTERNATIONAL CORPORATION

Principal Place of Business: **13575 - 58TH ST. NORTH STE. 183 CLEARWATER FL 34620**

Mailing Address: **331 MAIN MALL SUITE 108 Poughkeepsie NY 12601**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date incorporated or Qualified: **02/08/1994**

3a. Date of Last Report

4. FEI Number: **52-1464254**

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 has liability for intangible tax under S. 100.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**EAGAN, WILLIAM J
13575 58TH ST. NORTH, STE. 183
CLEARWATER FL 34620**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ DATE: _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	CHITTURIE, RATNAM DR.
STREET ADDRESS	331 MAIN MALL, STE. 108
CITY-ST-ZIP	POUGHKEEPSIE NY 12601
TITLE	D
NAME	RAJU, RAMESH
STREET ADDRESS	331 MAIN MALL, STE. 108
CITY-ST-ZIP	POUGHKEEPSIE NY 12601
TITLE	PCEO
NAME	MANDAVA, BABU RAO
STREET ADDRESS	331 MAIN MALL, STE. 108
CITY-ST-ZIP	POUGHKEEPSIE NY 12601
TITLE	S
NAME	RAO, DODLA N DR.
STREET ADDRESS	1135 KILDAIRE FARM RD., STE. 200-31
CITY-ST-ZIP	CARY NC 27511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SECRETARY
4.3 STREET ADDRESS	RAO, DODLA N DR.
4.4 CITY-ST-ZIP	331 MAIN MALL, Poughkeepsie, NY 12601
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Norman* **2/21/95** **914-473 1137** **417 332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing