

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000648 (5)
 1. Corporation Name
INDOTRONIX INTERNATIONAL CORPORATION



Principal Place of Business 13575 - 58TH ST. NORTH STE. 163 CLEARWATER FL 34620	Mailing Address 331 MAIN MALL SUITE 108 POUGHKEEPSIE NY 12601
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	2a Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 02/09/1994	
4. FEI Number 52-1464254	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

CORPORATE CREATIONS
4521 PGA BLVD STE 211
P BCH G FL 33418

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 _____
 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHITTURIE, RATNAM DR.	1.2 NAME	VENKAT MALLADI
STREET ADDRESS	331 MAIN MALL, STE. 108	1.3 STREET ADDRESS	331 MAIN MALL
CITY-ST-ZIP	POUGHKEEPSIE NY 12601	1.4 CITY-ST-ZIP	POUGHKEEPSIE, NY 12601
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAJU, RAMESH	2.2 NAME	SANKARA ALEPALLI
STREET ADDRESS	331 MAIN MALL, STE. 108	2.3 STREET ADDRESS	331 MAIN MALL
CITY-ST-ZIP	POUGHKEEPSIE NY 12601	2.4 CITY-ST-ZIP	POUGHKEEPSIE, NY 12601
TITLE	PCEO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANDAVA, BABU RAO	3.2 NAME	DR. MISHAN POTLURI
STREET ADDRESS	331 MAIN MALL, STE. 108	3.3 STREET ADDRESS	331 MAIN MALL
CITY-ST-ZIP	POUGHKEEPSIE NY 12601	3.4 CITY-ST-ZIP	POUGHKEEPSIE, NY 12601
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAO, DODLA N DR.	4.2 NAME	ANNAJAGA CHINTAPALLI
STREET ADDRESS	331 MAIN MALL	4.3 STREET ADDRESS	331 MAIN MALL
CITY-ST-ZIP	POUGHKEEPSIE NY	4.4 CITY-ST-ZIP	POUGHKEEPSIE, NY 12601
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAD, CHINNA	5.2 NAME	DR. VENKATESWARA RAO VALETI
STREET ADDRESS	331 MAIN MALL	5.3 STREET ADDRESS	331 MAIN MALL
CITY-ST-ZIP	POUGHKEEPSIE NY	5.4 CITY-ST-ZIP	POUGHKEEPSIE, NY 12601
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Sandra B. Mortham* *2/18/98*

CR2E034 (10/97)