

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000000648

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

FILED  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90031 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1994

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

9. 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

FL

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

TITLE CD ☒ DELETE

NAME MULLADI, VENKAT  
STREET ADDRESS 331 MAIN MALL, STE. 108  
CITY-ST-ZIP POUGHKEEPSIE NY 12601

TITLE TD ☐ DELETE

NAME PULEPALLI, SANKARA  
STREET ADDRESS 331 MAIN MALL, STE. 108  
CITY-ST-ZIP POUGHKEEPSIE NY 12601

TITLE PCEO ☐ DELETE

NAME MANDAVA, BABU RAO  
STREET ADDRESS 331 MAIN MALL, STE. 108  
CITY-ST-ZIP POUGHKEEPSIE NY 12601

TITLE D ☐ DELETE

NAME CHINTAPALLI, UNAYAKA  
STREET ADDRESS 331 MAIN MALL, STE 108  
CITY-ST-ZIP POUGHKEEPSIE NY 12601

TITLE D ☐ DELETE

NAME RANVOLETI, VENKATESWARAN  
STREET ADDRESS 331 MAIN MALL, STE. 108  
CITY-ST-ZIP POUGHKEEPSIE NY 12601

TITLE SD ☐ DELETE

NAME POTLURI, MOHANN D  
STREET ADDRESS 331 MAIN MALL, STE. 108  
CITY-ST-ZIP POUGHKEEPSIE NY 12601

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME T/b  
Doddla Rao  
1.3 STREET ADDRESS 331 Main Mall  
1.4 CITY-ST-ZIP Poughkeepsie, NY 12601

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Director only  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME C/D  
Rao V. Chintapalli  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME D  
Venkateswara Voleti  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

3/3/99 914-4731137 EXT332