**FILED** 

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90012 013 \*\*\*150.00

## 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

<ol> <li>Corporation</li> </ol>	MENT # MO1714 NE CENTER, INC.	•			( 100 (40 H) AU 40 (40 H) (F00 ( 51F)) \$70 ( 41 H)	EN BIDN BIBN BIBN BI	811 61912 FOTE
Principal Place	of Business	Mailing Address			3 (40)\$PUT (\$) POTOR (TOUT TOWN LIAM BYON RIV	†it Otali ututi ololi ot	#
12908 AIR WAY STREET 12908 AIR WAY STREET							
PANAMA CITY FL 32404-833 PANAMA CITY FL 32404-					DO NOT WRITE IN T	HIS SPACE	
US		US			3. Date Incorporated or Qualifed		
					06/13/1984		
2. Principal Pla	2a. Mailing Address	Address		4. FEI Number	Apr	olied For	
21 26		⊢ ř			76-0108400	Not	Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired	\$8.75 A	
22		27			3. Certificate of Guide Debitor	Fee Rec	<del></del>
City & State		City & State		6. Election Campaign Financing	\$5.00	, ,	
23		28			Trust Fund Contribution	Added to	rees
Zìp	Country	Zip	Countr	У	8. This corporation owes the current year	r Intangible ☐ Yes	□No
24	25		0		Personal Property Tax.  10. Name and Address of New Register		
	9. Name and Address of Current	t Registered Agent	8	1 Name			
YOU	NG, JUDITH C				(D.O. Daw Murch as in Alex Accountable)		
12908 AIR WAY STREET			82	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
PANAMA CITY FL 32404-2833			83	3			
				4 City		85 Zip C	Code
			84	' '		FL   `   `	
A#600 0F F	to the provisions of Sections 607.0502 begistered agent, or both, in the State on familiar with, and accept the obligation	ot Fiorida. Such change was aut	nonzeu o	v ilib culbulai	poration submits this statement for the purposition's board of directors. I hereby accept the ap		registered jistered
SIGNATURE	Signature, typed or printed name of registered agen		•	ent signature requi	ADDITIONS/CHANGES TO OFFICERS		DC IN 12
12.		D DIRECTORS	13.	<del> </del>	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PDT	☐ DELETE	1.1 TITLE				
NAME	MEGERISI, OMAR		1.2 NAME	1			
STREET ADDRESS	2800 POST OAK BLVD,#5310		1	ET ADORESS			
CITY-ST-ZIP	HOUSTON TX VASO DELETE		1.4 CITY- 2.1 TITLE			☐ Change	☐ Addition
TITLE	- TAOD -		2.2 NAME		1		
NAME STREET ADORESS	2800 POST OAK BOULEVARD	#5310		ET ADDRESS			
1	HOUSTON TX	***************************************	2.4 CITY				
CITY-ST-ZIP	VSD	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	YOUNG, DAVID F.		3.2 NAME				
STREET ADDRESS	12908 AIR WAY STREET		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		<del>.</del>	Change	☐ Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS	·		
CITY-ST-ZIP			4.4 CITY-	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		□ BC: ETE	5.4 CITY- 6.1 TITLE		<u> </u>	☐ Change	Addition
TITLE		☐ DELETE	6.2 NAME				L Addition
NAME				ET ADDRESS			
STREET ADDRESS			0.3 STKE	LI MUUNESS			•

CITY-ST-ZIP 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 upplemental 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 or the eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or an attachmen with an address with an other like empowered. 14. I hereby certify that the info indicated on this annual re officer or director of the co Block 12 or Block 13 if cha

SIGNATURE