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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

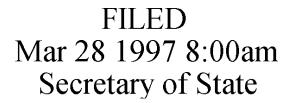
1997

P95000043044 (3) DOCUMENT #

NILE ONE, INC.

Principal Place of Business

Mailing Address





2895 HAMPTON DELRAY BEACI	N CIRCLE EAST H FL 33445	2895 HAMPTON CIRCLE EAST DELRAY BEACH FL 33445-7158									
							3. Date Incorporated or Qualified 05/26/1995		e of Las 29/199	•	
	ace of Business	2a. Mailing Address				4. FEI Number			Applied For		
21		26					65-0582759			Not Applicable	
Suite Apt i	# etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	,	City & State					Election Campaign Financing Trust Fund Contribution			May Be d to Fees	
Ζιρ 24	Country 25	Zip 29	30 Cou	ntry				Yes 🌡	No	r s. 199.032,	
	Name and Address of Curren	l Registered Agent					Name and Address of New Re	gistered A	gent		
	ls, robert d			81	Nam	е					
2895 HAMPTON CIRCLE EAST DELRAY BEACH FL 33445				82	Stree	t Address	ddress (P.O. Box Number is Not Acceptable)				
			Ţ	83							
				84	,			FL	1 1	ip Code	
SIGNATURE	to the provisions of Sections 607.050; egistored agent, or both, in the State on familiar with, and accept the obliga								changin	g its registered as registered	
	Signature, typied or printed name of registered age		- E	d Age	nt signat	re required v	when reinstating)	DATE			
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFICE	CERS AND			
Tillef	VŜ DELETE			1.1 TITLE					L. Chang	E MUDITION	
NAME .	WELLS, ROBERT D	•	1.2 NA			. 1					
STREET ADDRESS	2895 HAMPTON CIRCLE EAST DELRAY BEACH FL 33445				ADDRESS	S					
CITY-ST-ZIP TITLE	P DELETE			1.4 CITY - ST - ZIP 2.1 TITLE					☐ Chanc	e Addition	
NAME	WELLS, BARBARA S			2.2 NAME							
STREET ADORESS	2895 HAMPTON CIRCLE EAST	•			ADDRESS						
CITY-ST-7#	DELRAY BEACH FL 33445	•			ST-ZIP	*					
Inte	DELETE			31 TITLE				·····	Chang	e Addition	
NAME			32 N	AME							
STREET ADDRESS		•	33 ST	REET	ADDRES	s I					
CITY-\$1-ZIP			34. C	ITY-8	ST-ZIP						
TITLE		DELETE	4.1 TI	TLE					Chang	je 🔲 Addition	
NAME			4.2 N	AME							
STREET ADDRESS			4.3 \$1	TREET	ADDRES	s					
CITY - ST - 70°			4.4 CI	TY-S	T-ZIP				T-1 2: "		
tilt		DELETE	5.1 7(Chang	e L. Addition	
NAME			5.2 N								
STREET ADORESS			5.3 \$1	TREET	ADDRES	s					
CHTY+S1+ZIP		T be eve	_		T-ZIP				Char	n I Addition	
TITLE		[] DELETE	6.1 To						[Chan	e L Addition	
NAME			6.2 N								
STREET ADDRESS					ADDRES	S					
CITY-ST-ZIP		d with this filing along get and			T-ZIP	l Satatad in	Section 119 07/3Vi) Florida Statute	on I further	continue	not the	

The exemptor states in second 1907 (3), Florida Statutes. 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 chapted, or on an attachment with an address.

SIGNATURE: