

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

**FILED**  
**Apr 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**DOCUMENT # P97000093358 (4)**

1. Corporation Name  
**NAN II, INC.**



Principal Place of Business <b>111 E. MADISON STREET                  SUITE 2300                  TAMPA FL 33602</b>	Mailing Address <b>111 E. MADISON STREET                  SUITE 2300                  TAMPA FL 33602</b>
---------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/30/1997</b>		4. FEI Number <b>59-3476364</b>		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
2. Principal Place of Business <b>21 1204 N. UNIVERSITY DR</b>	2a. Mailing Address <b>26 1204 N. UNIVERSITY DR</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 City & State <b>PLANTATION FL</b>	28 City & State <b>PLANTATION, FL</b>	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	
24 Zip <b>33322</b>	25 Country <b>U.S.A.</b>	29 Zip <b>33322</b>	30 Country <b>U.S.A.</b>		

9. Name and Address of Current Registered Agent <b>GOODWIN, JAMES W ESO.                  111 E. MADISON STREET                  SUITE 2300                  TAMPA FL 33602</b>				10. Name and Address of New Registered Agent			
				81 Name <b>NEIL A. NATKOW</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>1204 N. UNIVERSITY</b>			
				83			
				84 City <b>PLANTATION</b>	85 State <b>FL</b>	86 Zip Code <b>33322</b>	

11. Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office to 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: *Neil A. Natkow* DATE: **3/30/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>NEIL A. NATKOW</i> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR / PRES / TREAS / SEC</i> <input type="checkbox"/> DELETE <i>NEIL A. NATKOW</i> <i>1204 N. UNIVERSITY</i> <i>PLANTATION, FL 33322</i>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**MAIL THIS ORIGINAL**

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 a partner 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 or without a class.

SIGNATURE: *Neil A. Natkow* DATE: **3/30/98**

CR2E034 (10/97)