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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90193 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000093358

1. Corporation Name
NAN II, INC.



Principal Place of Business 1204 N UNIVERSITY DR PLANTATINO FL 33322 US	Mailing Address 1204 N UNIVERSITY DR PLANTATIN FL 33322 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 10/30/1997	Applied For Not Applicable
4. FEI Number 59-3476364	
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 the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NATKOW, NEIL A 1204 N UNIVERSITY DR PLANTATION FL 33322		81 Name NEIL A. NATKOW	
		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTS	<input type="checkbox"/> DELETE	1.1 TITLE Director, President, CEO & Assn't Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NATKOW, NEIL A		1.2 NAME Neil A. Natkow	
STREET ADDRESS 1204 N UNIVERSITY Q		1.3 STREET ADDRESS 1204 N. University Drive	
CITY-ST-ZIP PLANTATION FL 33322		1.4 CITY-ST-ZIP Plantation, FL 33322	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Director, E.V.P & Sec. - Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Keith Collins	
STREET ADDRESS		2.3 STREET ADDRESS 1204 N. University Drive	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Plantation, FL 33322	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Chief Operating Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Neil Berman	
STREET ADDRESS		3.3 STREET ADDRESS 1204 N. University Drive	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Plantation, FL 33322	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE V.Pres.-Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Kathy Butler	
STREET ADDRESS		4.3 STREET ADDRESS 1204 N. University Drive	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Plantation, FL 33322	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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	

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 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: Neil A. Natkow
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-475-0707

Date Daytime Phone #

CR2E034 (11/98)