

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0128619

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 AUG 23 AM 9:27

DOCUMENT # P98000067848
 1. Corporation Name
 NAHNE ENTERPRISES, INC.



Principal Place of Business: 634 MAIN STREET SARASOTA FL 34236
 Mailing Address: 634 MAIN STREET SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 645 CEDARS CT, 22 SUITE # 862, 23 Longboat Key, FL, 24 34228, 25 USA
 2a. Mailing Address: 26 1634 Main St., 27 Suite, Apt. #, etc., 28 Sarasota FL, 29 34236, 30 USA
 3. Date Incorporated or Qualified: 07/30/1998
 4. FEI Number: 52-2146797
 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: Yes No

9. Name and Address of Current Registered Agent
 MYERS, TROY
 2033 MAIN STREET
 SUITE 600
 SARASOTA FL 34237

10. Name and Address of New Registered Agent
 81 Name: George V. Famiglio, Jr.
 82 Street Address (P.O. Box Number is Not Acceptable): 1634 MAIN STREET
 83
 84 City: SARASOTA FL 85 Zip Code: 34236

I, Pursuant to the provisions of sections 607.0502 and 607.0508, 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] DATE: 8/19/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Director - Pres <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	PETER SCHMIDT
STREET ADDRESS		1.3 STREET ADDRESS	c/o 1634 Main Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Sarasota, FL
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Director - V. Pres <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	BARBARA SCHMIDT
STREET ADDRESS		2.3 STREET ADDRESS	c/o 1634 MAIN STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SARASOTA, FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	100002969001--2
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-08/24/99--01082--008
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	

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.
 SIGNATURE: [Signature] DATE: 8/19/99

CR2E034 (5/99)

George V. Famiglio, Jr.
& ASSOCIATES
A Professional Accountancy Corporation

George V. Famiglio, Jr., CPA/PFS, CFP
Masters Degree in Taxation
Admitted to Practice U.S. Tax Court

Certified Public Accountants with
Masters Degrees in Taxation

Established 1971 - Member of
AICPA/Tax Division and FICPA

August 19, 1999

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Attn: Sean Toner

Re: Nahne Enterprises, Inc.
EIN# 52-2146797

Dear Sean:

Enclosed please find the application for the 1999 Profit Corporation Annual Report. Also, enclosed please find a check in the amount of \$150.00. Please note that the first notice never arrived at this office and just by chance the postal carrier asked me if this was ours. Fortunately, it was!!

The above clients address is 1634 Main Street not 634 Main Street. This is a big difference in location and that is the reason why the client never received the first one. Please make the necessary corrections.

Thank you for your immediate attention to the above matters.

Sincerely,



Sharon Rannebarger
Assistant to George V. Famiglio, Jr, CPA, PA

cc:file