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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 10 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P94000085978 (2)

NIVENY	TAT DEVELOPMENT CORP	•			
Principal Place	e of Business	Mailing Address			OL TOTET ETKIÐ TÖLTT SODER TOTT (CÓ)
181 PLOVER LN ROCKLEDGE FL \$2955		161 PLOVER LN ROCKLEDGE FL 32955			
US		US		DO NOT WRITE IN TI	HIS SPACE
				 Date Incorporated or Qualified 11/28/1994 	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1014169	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		Cily & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	├ ~¬	30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
24	9. Name and Address of Curren	29 Agent	[30]	10. Name and Address of New Register	
MOSLEY, CURTIS R				10,	
					· · · · · · · · · · · · · · · · · · ·
1221 E. NEW HAVEN AVE.			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
MELBOURNE FL 32901			83		
			84 City	ı	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,			tes, the above-named of		
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	authorized by the corp	oration's board of directors. I hereby accept the	appointment as registered
	m ramiliar with, and accept the obliga	Aligns of, acciton 607.0000, Fil	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO1	E: Registered Agent signature r	equired when reinstating) DA	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	Ρ	DELETE	1.1 TITLE	0	Change Addition
NAME	JONES, JACK	•	1,2 NAME	Thompson, Jerry,	
STREET ADDRESS	1221 E. NEW HAVEN AVE.		1.3 STREET ADDRESS	Thompson, Jerry 1661 Star BWFFRD	
CłTY-ST-ZIP	MELBOURNE FL	4	1.4 CITY-ST-ZIP	Longs SC 29568	
TITLE	Š	DELETE	2.1 TITLE	Longs SC 29568	Change 🗶 Addition
NAME	JONES, HERMAN	′	22 NAME	Dunna T. CALLELY	
STREET ADDRESS	521 32ND AVE NORTH		2.3 STREET ADDRESS	I LOI PLOVET LN	
CITY-ST-ZIP	MYRTLE BEACH SC		2. 4 CITY - ST - ZIP	Rockledge Ha 32	P155
TITLE	T	DELETE	3.1 TITLE		Change Addition
NAME	THOMPSON, JERRY		3.2 NAME		
STREET ADDRESS	1661 STAR BLUFF RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGS SC		3.4. CHTY - ST - ZIP		
TITLE	-	☐ DELETE	4 1 TiTLE	 -	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		<u> </u>	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 chapter 607, or on an attachment with an address.

6.4 CITY-ST-ZIP