

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).

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90002 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 344201

1. Corporation Name
NEPCO (FLORIDA), INC.

Principal Place of Business 5700 WILSHIRE BOULEVARD SUITE 575 LOS ANGELES CA 90036-3659	Mailing Address 5700 WILSHIRE BOULEVARD SUITE 575 LOS ANGELES CA 90036-3659
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/04/1969	
4. FEI Number 59-1481399	Applied For <input type="checkbox"/> Not Applicable
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

81 Name
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VAT	<input type="checkbox"/> DELETE	1.1 TITLE V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MILLER, JAMES J.		1.2 NAME	
STREET ADDRESS 5700 WILSHIRE BOULEVARD		1.3 STREET ADDRESS Ste. 575	
CITY-ST-ZIP LOS ANGELES CA		1.4 CITY-ST-ZIP 90036	
TITLE SVGC	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SUCHIL, SALLY		2.2 NAME	
STREET ADDRESS 5700 WILSHIRE BLVD STE 575		2.3 STREET ADDRESS	
CITY-ST-ZIP LOS ANGELES CA		2.4 CITY-ST-ZIP 90036	
TITLE VT	<input type="checkbox"/> DELETE	3.1 TITLE SVP/CFO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LANDSBAUM, ROSS G		3.2 NAME	
STREET ADDRESS 5700 WILSHIRE BLVD STE 575		3.3 STREET ADDRESS	
CITY-ST-ZIP LOS ANGELES CA		3.4 CITY-ST-ZIP 90036	
TITLE AS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BOSWORTH, GREER C.		4.2 NAME	
STREET ADDRESS 5700 WILSHIRE BOULEVARD		4.3 STREET ADDRESS Ste. 575	
CITY-ST-ZIP LOS ANGELES CA		4.4 CITY-ST-ZIP 90036	
TITLE VAS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROSS, JOHN E		5.2 NAME	
STREET ADDRESS 4655 SALISBURY ROAD		5.3 STREET ADDRESS Ste. 399	
CITY-ST-ZIP JACKSONVILLE FL		5.4 CITY-ST-ZIP 32256	
TITLE PD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BACHMANN, PETER H		6.2 NAME	
STREET ADDRESS 5700 WILSHIRE BOULEVARD		6.3 STREET ADDRESS Ste. 575	
CITY-ST-ZIP LOS ANGELES CA		6.4 CITY-ST-ZIP 90036	

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: John E. Ross, VP 8/17/99 904-281-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)



344201
608249-90002-42

August 17, 1999

Ms. Katherine Harris, Secretary of State
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Nepco (Florida), Inc.

Dear Ms. Harris:

Enclosed for filing is the above-referenced company's 1999 Profit Corporation Annual Report and filing fee of \$150. Upon receipt of the 2nd Notice filing packet, I contacted your office to notify you that I had not received a first notice. Your office instructed me to file using the 2nd Notice, to enclose \$150 filing fee rather than \$550, and to include a letter to this effect with my filing.

Thank you for your assistance.

Very truly yours,

Donna A. Hoffman, CCH

Donna A. Hoffman
Certified Legal Assistant

DAH/jz

Enclosures

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