

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
Jul 07, 1999 8:00 am
Secretary of State

07-07-1999 90012 014 ***550.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 385421 ✓
 1. Corporation Name
NESTOR LIQUIDATING CORP.

N/C 1/5/99

| | |
|--|---|
| Principal Place of Business 7337 BRYAN DAIRY RD LARGO FL 33777 US | Mailing Address P O BOX 1650 PINELLAS PARK FL 33780-650 US |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|---------|---------------------|---------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 07/16/1971 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-1355840 | |
| City & State | | City & State | | Applied For | |
| 23 | | 28 | | Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | |
| 24 | 25 | 29 | 30 | <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | | | 8. This corporation owes the current year Intangible Personal Property. | |
| NESTOR, BRIAN | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 7337 BRYAN DAIRY ROAD | | | | | |
| LARGO FL 33777 | | | | | |
| 10. Name and Address of New Registered Agent | | | | | |
| | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | |
| | | | | 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 | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NESTOR, ROBERT G | 1.2 NAME | |
| STREET ADDRESS | 2795 KIPPS COLONY DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | GULFPORT FL | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NESTOR, BRIAN | 2.2 NAME | |
| STREET ADDRESS | 900 79TH ST SOUTH | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST-PETERSBURG FL | 2.4 CITY-ST-ZIP | |
| TITLE | VSTD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HULING, MICHAEL C. | 3.2 NAME | |
| STREET ADDRESS | 2990 EXETER DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <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 | | 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 | | 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, upon an attachment with an address.

SIGNATURE: *Robert Nestor* **ROBERT NESTOR** Date: **7/1/99** Daytime Phone #: **727-544-6114**

CR2E034 (5/99)