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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 437797

	NE STATE DEVELOPMENT				_					
Principal Place of Business Mailing Address										
505 N. PINE STREET 505 N. PINE STREET P.O. BOX 1556 P.O. BOX 1556										
P.O. BOX 1556 P.O. BOX 1556 SEBRING FL 33871 SEBRING FL 33871						DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualifed				
						10/09/19	73			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Numbe	ır	٠.		Applied For
21		26				59-1508	780			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				E Cartifacto	f Status Desired		\$8.75	5 Additional
22		27				5. Certificate o	of Status Desired		Fee	Required
City & Stat	te	City & State	,-			6. Election Ca	 impaign Financine		\$5.0	0 May Be
23		28			_	Trust Fund	Contribution		Adde	d to Fees
Zip	Country	Zip	Cou	intry		8. This corpor	ation owes the cu	urrent year Int		
24	25	29	30				roperty Tax.		☐ Yes	□No
	9. Name and Address of Curren	nt Registered Agent		ļ		10. Name and	Address of New	v Registered	Agent	
4110	DEC 1880 LIABLE			81	Name					į
	RES, WILLIAM F			82	Street Addre	ss (P.O. Box Nu	mber is Not Accep	ptable)		
,	N W LAKEVIEW DRIVE					·			_	
SEB	RING FL 33870			83						1
•				84	City		_		85 Zi	p Code
					•			FL	.	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 607.1508, Florida Stati of Florida. Such change was ations of, Section 607.0505, F	utes, the a authorized lorida Stat	bove-r d by the utes.	named corpo e corporation	ration submits th n's board of direc	is statement for tr tors. I hereby acc	ept the appo	cnanging intment as	registered
SIGNATURE	Signature, lyped or printed name of registered age	not and title if applicable (NO			gnature required	when reinstating)	_	· DATE ,		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ont and title if applicable (NO:			gnature required	when reinstating) ADDITIONS	/CHANGES TO C		ND DIREC	TORS IN 12
			TE: Registered	Agent s	gnature required		/CHANGES TO C		ND DIREC	
12.	OFFICERS AN	ND DIRECTORS	E: Registered	Agent s	gnature required		/CHANGES TO C			
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12. TITLE NAME	OFFICERS AND PV ANDRES, WILLIAM F.	ND DIRECTORS	13. 1.1 Ti 1.2 N	TLE AME TREET AL	DDRESS		/CHANGES TO C			ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV ANDRES, WILLIAM F. 622 NW LAKEVIEW DRIVE SEBRING FL ST	ND DIRECTORS	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci	TLE AME TREET AL TITY-ST-Z	DDRESS		/CHANGES TO C		☐ Chang	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PV ANDRES, WILLIAM F. 622 NW LAKEVIEW DRIVE SEBRING FL ST ANDRES, HELEN M	ND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 S' 1.4 C 2.1 TI 2.2 N/	TLE AME TREET AL TITY-ST-Z	DDRESS ZIP		/CHANGES TO C		☐ Chang	ge Addition
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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 of 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 attachreen with an address, with all other like empowered.

SIGNATURE: