

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 509623 (5)

1. Corporation Name

NNN, INCORPORATED



Principal Place of Business

785 BAYSHORE DRIVE
SAFETY HARBOR FL 34695
US

Mailing Address

785 N BAYSHORE DRIVE
SAFETY HARBOR FL 34695-3131
US

3. Date Incorporated or Qualified
07/27/1976

3a. Date of Last Report
08/11/1995

2. Principal Place of Business

21 785 N. Bayshore Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 785 N Bayshore Dr.
Suite, Apt. #, etc.

4. FEI Number

59-1684336

Applied For

Not Applicable

22 City & State

23 Safety Harbor

27 City & State

28 Safety Harbor Fla.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

25 Fla 34695 Pinellas

29 Zip

30 34695-3131

Country

Pinellas

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEVNANI, S
785 N. BAYSHORE DR.
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

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 607.0102 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DEVNANI, SALU	
STREET ADDRESS	785 N. BAYSHORE DR.	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	SDV	<input type="checkbox"/> DELETE
NAME	DEVNANI, SUSANNE A.	
STREET ADDRESS	785 N. BAYSHORE DR.	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEVNANI, NATASHA	
STREET ADDRESS	785 N. BAYSHORE DR.	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	DEVNANI, NINA	
STREET ADDRESS	785 N. BAYSHORE DR.	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	DEVNANI, NIKOLAI	
STREET ADDRESS	785 N. BAYSHORE DR.	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Salu Devnani

1/17/96 813.726.4101

CR2E034 (12/95)