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FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 N. BAYSHORE DR.
SAFETY HARBOR FL 34695
US

Mailing Address
785 N. BAYSHORE DR.
SAFETY HARBOR FL 34695-3131
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/27/1976		3a. Date of Last Report 01/25/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1684336		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

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

S. Devnani

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

(NOTE: Registered Agent signature required when reinstating)

4/29/97

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 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 in an attachment with an address.

SIGNATURE:

S. Devnani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

837-26101

Daytime Phone #

CR2E034 (9/96)