

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90135 018 ***150.00

DOCUMENT # 509623

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/27/1976

4. FEI Number
59-1684336

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Salu Devnani

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME DEVNANI, SALU
STREET ADDRESS 785 N. BAYSHORE DR.
CITY-ST-ZIP SAFETY HARBOR FL

1.2 NAME P/C/D
1.3 STREET ADDRESS Same Name & Address
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME DEVNANI, SUSANNE A.
STREET ADDRESS 785 N. BAYSHORE DR.
CITY-ST-ZIP SAFETY HARBOR FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME DEVNANI, NATASHA
STREET ADDRESS 785 N. BAYSHORE DR.
CITY-ST-ZIP SAFETY HARBOR FL

3.2 NAME V.B. NATASHA DEVNANI NIMMO
3.3 STREET ADDRESS Same Address
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME DEVNANI, NINA
STREET ADDRESS 785 N. BAYSHORE DR.
CITY-ST-ZIP SAFETY HARBOR FL

4.2 NAME DVT NINA GREGOR
4.3 STREET ADDRESS Same address
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☒ Change ☒ Addition

NAME DEVNANI, NIKOLAI
STREET ADDRESS 785 N. BAYSHORE DR.
CITY-ST-ZIP SAFETY HARBOR FL

5.2 NAME V.D. SALU NIKOLAI DEVNANI
5.3 STREET ADDRESS Same address
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME EVPD DEVNANI, SALU
STREET ADDRESS 785 N BAYSHORE DR
CITY-ST-ZIP SAFETY HARBOR FL 34695

6.2 NAME V.D. PAPAN DEVNANI
6.3 STREET ADDRESS Same Address
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Salu Devnani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/99

(727)
813 726 4101

CR2E034 (1/198)