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03-10-1999 90023 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 573614

1. Corporation Name
NIABCO - FLORIDA, INC.

Principal Place of Business
 1864 OAK FOREST DRIVE W.
 CLEARWATER FL 33519

Mailing Address
 POB 1068
 SAFETY HARBOR FL 34695
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1978

4. FEI Number
 16-1119575

Applied For
 Not Applicable

2. Principal Place of Business
 21 **741 HIDE-A-WAY BAY DR.**

2a. Mailing Address
 26 **S - 3665 Taylor Road.**

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

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

City & State
 23 **LONGBOAT KEY FLORIDA**

City & State
 28 **ORCHARD PARK NEW YORK**

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

Zip Country
 24 **34228** 25 **USA**

Zip Country
 29 **14127** 30 **USA**

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

9. Name and Address of Current Registered Agent

MARTIN, WARNER G
741 HIDE-A-WAY BAY DRIVE
LONGBOAT KEY FL 34228

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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE **P**
 NAME **MARTIN, WARNER G**
 STREET ADDRESS **741 HIDE-A-WAY BAY DR.**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **T**
 NAME **MARTIN, KEVIN P**
 STREET ADDRESS **7225 TRICIA LANE**
 CITY-ST-ZIP **BOSTON NY 14025**

TITLE **S**
 NAME **MARTIN, SHIRLEY J**
 STREET ADDRESS **741 HIDE A WAY BAY DR**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

3/1/99

716.662.2580

Daytime Phone #

CR2E034 (1/198)