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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 577566

(3)

N & N ASSOCIATES, INC.

it of it is	ooolii ilo									
Principal Place	e of Business	Mailing Ac	ldress				# 188104 01111 18001 18001 40118 81116 8111	STÅN ÖLAN DARF EN		
1789 DESOTO F SARASOTA FL : US		P O BOX 3 Sarasota Us	BOX 3042 ASOTA FL 34230-3042							
							3. Date Incorporated or Qualified 06/30/1978	3a. Date of 04/25/19		aport .
—	lace of Business	F	2a. Mailing Address 26				4. FEI Number Applied For			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CR 75 Additional			
22		27	27				Certificate of Status Desired Fee Required			
City & State	0	City &	State				8. Election Campaign Financing			May Be
23 Zip	Country	28 Zip		Солп	trv	·	Trust Fund Contribution		Added to	
24	25	29	¬ '		,		8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curre		gent	1==1			10. Name and Address of New Re	gistered Agen	i	
DINS	KY, NORMAN M			E	81	Name				
	COCOANUT TERR.			ē	32	Street Addre	ss (P.O. Box Number is Not Acceptat	ole)		
BRAI	DENTON FL 34210		83							
				L		~		1	1 -	
				8	84	City		FL 85	Zip C	Code
agent La	m familiar with, and accept the oblig					I signature required	d when reinstating)	DATE	····	
12.	OFFICERS AN	ID DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTOR	S IN 12
THE	PTD		DELETE	1.1 TITL	.E				hange	Addition
NAME	DINSKY, NORMAN M.			1.2 NAN		1000544				
STHEET ADDRESS CITY-ST-ZIP	3908 COCOANUT TERR. BRADENTON FL			1.3 STR		ADDRESS				
TITLE	VSD		DELETE	2.1 TITLE					hange	Addition
NAME	DINSKY, NANCY M.		2.21		2.2 NAME					
STREET ADDRESS	3908 COCOANUT TERR.				2.3 STREET ADDRESS		٠,			
DITY - ST - 7IP	BRADENTON FL		DELETE	2. 4 CIT 3.1 TITL		r-zip		T 7	Change	Addition
NAME	. DECE			3.2 NAME					u ren Ae	
STREET ADDRESS	•			1		ADDRESS				
CITY - ST - ZIP				3.4. C/T	Y - ST	r-ZIP				
TITLE	DELETE		1	4.1 TITLE				Change	Addition	
NAME				4. 2 NAI						
STHEFT ADDRESS						AODRESS				
DITY-ST-ZIP THILE		#*· · · · · · · · · · · · · · · · · · ·	DELETE	4.4 City 5.1 Titl		- 11			Change	Addition
NAME			=	5.2 NAA					-	
STREET ADDRESS				5.3 STR	EET A	ADDRESS				
CITY - ST - ZIF				5.4 CITY		ZIP				A 1 600
TITLE			DELETE	6.1 TITL				Ц	Change	Addition
NAME				6.2 NAM		LDDDreg				
STREET ADDRESS						ADDRESS				
0-TY+ST-7/P 14. I do hereb	L by certify that the information supplie	ed with this filing	does not qual	6.4 CITY lify for the e	xen	nption stated	in Section 119.07(3)(i), Florida Statute	s. I further cert	ify that	the
informatio Lam an o	on indicated on this annual report or	supplemental ar or the receiver or	nual réport is trustée empo	true and ac wered to ex	ccur	rate and that r	my signature shall have the same legal as required by Chapter 607, Florida	al effect as if m	ade unc	der oath; that

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHORDER OF THE BUILDING

FILED

May 23 1997 8:00am

Secretary of State