

AMOUNT DUE ON UN PAID REPORT: \$200 OF ADDITIONAL BUSINESS REPORTS DUE TO REPORTING: \$1000

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 606249

1. Corporation Name
NEPI, INC.
Executive Real Estate, Inc. 7/1/99

Principal Place of Business
525 Shaw Lake
Orlando FL 32811
32180
Pindson, FL

2. Principal Place of Business
525 SHAW LAKE RD
Subs. Apt. #, etc. RA

3. City and County
PINDSON FL VOLUSIA

4. Date Incorporated or Qualified
01/10/1979

5. FID Number
80-1806668

6. Certificate of Status Desired \$0.75 Additional Fee Required

7. Election Corporate Financing Trust Fund Contribution \$5.00 May be Added to Fees

8. This corporation will pay current year Intangible Personal Property Tax Yes No

9. Name and Address of Current Registered Agent
HENKEL, LARRY
243 WEST PARK AVE
SUITE 201
WINTER PARK FL 32780-9007

10. Name and Address of New Registered Agent
RAY BROWNLEE
525 SHAW LAKE RD
PINDSON FL 32180

11. I, the undersigned, certify that the information supplied in this filing does not qualify for the exemption stated in section 118.07(3)(f), Florida Statutes. I further certify that the information indicated on the annual report or bi-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; and that my signature appears on the 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: RAY BROWNLEE

12. OFFICERS AND DIRECTORS

TITLE	PT	NAME	BROWNLEE, DOWEN R.	STREET ADDRESS	4484 34TH STR SW	CITY-STATE-ZIP	ORLANDO FL
TITLE	SD	NAME	LOBBING, JAMES T.	STREET ADDRESS	4484 34TH STR SW	CITY-STATE-ZIP	ORLANDO FL
TITLE	VP	NAME	HOLLAND, MARYBETH	STREET ADDRESS	4484 34TH ST. S.W.	CITY-STATE-ZIP	ORLANDO FL
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-STATE-ZIP	
2.1 TITLE		2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-STATE-ZIP	
3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-STATE-ZIP	
4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-STATE-ZIP	
5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-STATE-ZIP	

SIGNATURE: [Signature] REQUIRED

FILED

99 OCT 13 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/20/99 90022 008 \$550.00

DO NOT WRITE IN THIS SPACE

CORPORATION (FORM 1)

*The correct mailing address is
P.O. Box 391
Pindson, FL. 32180*

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