

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

DOCUMENT # 664278

1. Corporation Name
NANCY REED ENTERPRISES INC.

Principal Place of Business
3550 BISCAYNE BLVD. #504
MIAMI FL 33137

Mailing Address
7759 MONTGOMERY ROAD
3
CINCINNATI OH 45241
US

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90013 038 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/06/1980

4. FEI Number
59-1976689

Applied For
Not Applicable

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

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

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

2. Principal Place of Business
21 4770 BISCAYNE BLVD

2a. Mailing Address
26 9792 WINDISH RD.

Suite, Apt. #, etc.
22 SUITE #1150

Suite, Apt. #, etc.
27

City & State
23 MIAMI, FL

City & State
28 WEST CHESTER, OHIO

Zip Country
24 33137 25 DADE

Zip Country
29 45069 30

9. Name and Address of Current Registered Agent

KANTER, JOSEPH
3550 BISCAYNE BLVD. #504
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 4770 BISCAYNE BLVD #1150
84 City MIAMI FL 85 Zip Code 33137

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	KANTER, N R	3550 BISCAYNE BLVD.	MIAMI FL	<input type="checkbox"/>
STD	KANTER, H A	3550 BISCAYNE BLVD.	MIAMI FL	<input type="checkbox"/>
V	WILDERMUTH, R.E.	7759 MONTGOMERY ROAD, #3	CINCINNATI OH	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		4770 BISCAYNE BLVD #1150		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		4770 BISCAYNE BLVD #1150		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		9792 WINDISH RD.	WEST CHESTER, OH 45069	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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:

R. E. Wildermuth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice Pres

4/1/99

513 779 7377

Date

Daytime Phone #

CR2E034 (1/1/98)