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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00am Secretary of State

02-19-1999 90026 001 ***150.00

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DOCUMENT # 1. Corporation Name	679688

NATTAN, INC.

i ilicipal Ft	ace of Business	Mailing Address		-			IO 021(4 1001)O 1011A OL		Biair arail bi	BOL BARBAR BUBBA KR
37 STAR ISL		200 S. BISCAYNE BLV) .				(8 8)		· • · • · · · · · · · · · · · · · · · ·	acı mimir Elli) (9)
MIAMI BEACH FL 33139 US		STE. 2420	STE: 2420 Miami FL 33131							
						DO NOT WRITE IN THIS SPACE				
		US				3. Date Inco	rporated or Quali	fed		
2. Principal	Place of Business	2- 14-25				07/24/1	980			
1		2a. Mailing Address				4. FEI Numb	er			Applied For
Suite, Ap	ot. #, etc.	Suite Ant # -4-				59-2049	084		⊢	Not Applicable
2		Suite, Apt. #, etc.				i	of Status Desired			Additional
City & Sta	ate	City & State						_		Required
3		28				6. Election C	ampaign Financir	ے ال	\$5.0	0 May Be
Zip	Country	Zip		untry			Contribution		Adde	d to Fees
4	25	29	30	unity		8. This corpo	ration owes the c	urrent year In	tangible	
	9. Name and Address of Cu	irrent Registered Agent				Personal P	roperty Tax.		☐ Yes	□No
			·	81	Name	1U. Name and	Address of Nev	v Registered	Agent	
	LAND, MARK S				_					
242	0 FIRST UNION FINANCIAL C	ENTER		82 3	Street Addre	ess (P.O. Box Nur	mber is Not Acce	ptable)		
	S. BISCAYNE BOULEVARD			83		<u> </u>		·		
MIA	MI FL 33131			"						
					City		-		85 Zip	Code
1. Pursuant	to the provisions of Sections 607.	0502 and 607 1508 Florida State	uton the -	ĻĻ				_ FL	. 65 24	Code
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	recompan when and arccopt in a root	JIDBUORS OF Section 607 GEASTE	Ioride/Stati	1000			ors. Thereby acc	ahr ma abboii	ıtment as n	egistered
	1/2///			ules.						
iGNATURE	to the provisions of Sections 607, registered agent, or both in the Stam familiar with, and accept the ob-			101	HRU	17181 1811	>	1/4	+/901	
ignature 2.	Signature, typed or priftled name of registered	agent and title if applicable. (NO	E: Registered	101	HRU	when reinstating)	<u> </u>	DATE	4/90	
	Signature, typed or priftled name of registered	d agent and title if applicable. (NOT AND DIRECTORS	PE: Registered	Agent sig	HRU	when reinstating)	> CHANGES TO O	DATE	4/90	
2.	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NO	PE: Registered 13. 1.1 TiT	Agent sig	HRU	when reinstating)	<u> </u>	DATE	4/90	ORS IN 12
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indicated on this annual report or 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 of the corporation 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 oak 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

\TURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Had 302) 328-634.