**FILED** 

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90058 042 \*\*\*150.00

## 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 # **F41178**

1. Corporation Name

NANCO PROPERTIES, INC.

Principal Place of Business Mailing Address							1 10E(198 11(1 010E) 110E1 110E1 110E1 10E1 10E1 10E1			
9000 ARVIDA DR		9000 ARVIDA DR		}						
CORAL GABLES FL 33156 CORAL GABLES FL 3319							DO NOT WOITE IN THIS	CDACE		
					<u> </u>	_	DO NOT WRITE IN THIS	SPACE		
	_						Date Incorporated or Qualified 08/20/1981			
2. Principal Pl	ace of Business	2a. Mailing Address	_		[ ]		FEI Number		Appli	ed For
21		26					59-2179625		Not /	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5.	Certificate of Status Desired	<b>+</b> -		ditional
22 27									Requ	
City & State	9	City & State	- <b>7</b>				Election Campaign Financing			ay Be
23		28					Trust Fund Contribution	·····	ed to	Fees
Zip	Country	Zip	Country	,	1		This corporation owes the current year in		_	]No
24	25	<del></del>	30				Personal Property Tax.	Yes		OVIE
	9. Name and Address of Current	Registered Agent	81	Name		10.	Name and Address of New Registered	Agent	na.	
SOM	AN, WILLIAM D		"	Name						
9000 ARVIDA DR			82	82 Street Address (P.O. Box Number is Not Acceptable)						1
CORAL GABLES FL 33156			83					<del></del>		
00			83	ĺ						
			84	City				85 Z	Zip Co	de
·				<u> </u>			FL			
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati	of Florida. Such change was aut	thorized by	the corpo	corporati oration's	s bo	submits this statement for the purpose of ard of directors. I hereby accept the appo	ntment as	regis	stered
SIGNATURE										
	Signature, typed or printed name of registered agent		Registered Age	nt signature re	required whe			ID OIDEC	<u></u>	C (N) 42
12.	OFFICERS AND		13.			Α	ADDITIONS/CHANGES TO OFFICERS AF	Chan		Addition
TITLE	DP DELETE		1	1.1 TITLE				Chan	ge	C Addition
NAME	SOMAN, JEAN P		1.2 NAME							
STREET ADDRESS 9000 ARVIDA DR			1.3 STREET ADI		ļ					
CITY-ST-ZIP	CORAL GABLES, FL 00000		1.4 CITY-ST-ZIP							- A 1295 -
TITLE	DST			2.1 TITLE				☐ Chan	ge	Addition
NAME	SOMAN, WILLIAM D		2.2 NAME		1		,			}
STREET ADDRESS			2.3 STREET ADDRESS							,
CITY-ST-ZIP	CORAL GABLES, FL 00000		2. 4 CITY-ST-ZIP							
TITLE			3 1 TITLE				A CONTRACTOR OF THE PROPERTY O	- Chan	ge ~	- 🗔 Addition
NAME			3.2 NAME							
STREET ADDRESS	10624 NW 225-A	■ * * *		T ADDRESS						
CITY-ST-ZIP	OCALA FL		3.4. CITY-5	ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE	Į	Į			Chan	ge	☐ Addition
NAME			4. 2 NAME		1					1
STREET ADDRESS			4.3 STREE	TADDRESS						
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	1					
TITLE		☐ DELETE	5.1 TITLE					☐ Chan	ge	Addition
NAME			5.2 NAME							Į
STREET ADDRESS			5.3 STREE	T ADDRESS	1					İ
CITY-\$T-ZIP			5.4 CITY- S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE					Chan	ge	Addition

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, owen an attachment with an address, with all other like empowered. WILLIAM D. SOMAN

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE