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 # F75329 1. Corporation Name

N Y P, INC.

Principal Place of Business

260 CRANDON BLVD. #35 KEY BISCAYNE FL 33149

Mailing Address

260 CRANDON BLVD. #35 KEY BISCAYNE FL 33149

FILED Feb 12, 1999 8:00am **Secretary of State**

02-12-1999 90025 026 ***150.00



DO NOT WRITE IN THIS SPACE

							3. Date incorporated or Qualifed 04/06/1982	,	_		
Principal Place of Business Za. Mailing Address							4. FEI Number	App	Applied For		
1							59-2184142		Not	Applicable	-
Suite, Apt. #, etc. Suite, Apt. #, etc.							Certificate of Status Desired		\$8.75 Ac		1
2 27 City & State City & State							6. Election Campaign Financing		\$5.00 \	Any Be	-
3 28							Trust Fund Contribution Added to Fees				
Zip	Country Zip			Country 30			8. This corporation owes the cu	rent year Intan	gible	¬	i
25 29							Personal Property Tax. Yes □No				i
	9. Name and Address of Cur	ent Registered Age	ent				10. Name and Address of New	Registered Ag	gent		
					81	Name					l
SAM	IUELS, MICHAEL J.			82 Street Addre			ss (P.O. Box Number is Not Accep	table)			ı
100	I ÚTOPIA CT.			BZ Sireet Addres			335 (1O. DOX PUBLICATION TO THE CONTROL OF THE C				ı
MIAI	MI FL 33133			1	83	_	1	7 (2 (3 ())	100	80 512); 150 81 513); 150	ı
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				i	84	City	4 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		85 Zip C	ode	t
A								<u> </u>	L		l
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, F	lorida Statutes,	the ab	bove-	named corpo	ration submits this statement for the o's board of directors. I hereby according	e purpose of chent the appoint	ianging its r ment as red	egisterea istered	i
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such c inations of Section 6	nange was auti 307.0505. Florida	a Statu	ı by u ⊔tes.	ie corporation	13 Doald of directors, 1 horsely soon	pr mo appoint			l
agent. ra	in laminar with, and accept the con	igationio or, occinent							Ċ		ł
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Re	egistered	Agent s	signature required	when reinstating)	DATE			6
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTOR	RS IN 12	୍ଚି
	DP .		DELETE	1,1 TIT	n F		£ × 26		Change	Addition	CR2E034 (11/98)
TITLE	· ·	•					s &				4
NAME	ALTER, CHARLES M			1.2 NA				*			၂ ဗ
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NAME				2.2 NA	ME	İ					İ
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NAME				6.2 N	AME.					•	
	*			6.3 ST	TREET	ADDRESS			,		
STREET ADDRESS				6.4 CI	ITY-ST-	-ZIP					
CITY-ST-ZIP	and it shot the information of the	t with this filing door	not qualify for the	ho ove	mntic	on stated in S	ection 119.07(3)(i), Florida Statutes	. I further certi	fy that the in	nformation	٠
14. I nereby	centry triat the information supplied on this applied report or supplieds	ntal annual report is	true and accura	te and	that	my signature	shall have the same legal effect as	if made unde	oath; that	lam 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.