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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F76337

(7)

THE NILAN ACCOUNT, INC.

_	FILED 1997 8:00	am					
Secret	cary of Stat	te					
Incorporated or Qualified	3a. Date of Last Report	·····					
5/1982	01/29/1996						
umher	Anotied For						

	of Business							
601 ELKEAM CIF A-3	RCLE	P.O. BOX R Marco Island FL 34	146-0139					
MARCO ISLAND FL 33937 US		US	US		3. Date Incorporated or Qualified 04/15/1982	3s. Date of Last Report 01/29/1996		
2 Principal Pla	nce of Business	2a. Mailing Address			4. FEI Number	1,-		pplied For
	Elkeam Cir, State				59-2228872		1	ot Applicable
Suite Apt. #		Suite, Apt. #. etc.				E31	\$8.75	Additional
5tc.		27		···	5. Certificate of Status Desired	23.		equired
City & State  13 Marco	Island FL	City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 34/45	Country 25 USA	Zip 29	Cου <b>30</b>	ntry	8. This corporation has liability for i	intangible t Yes 🎗		s. 199.032,
<u> </u>	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re-	gistered A	gent	
I IOD	), Dennis			B1 Name				
2335	TAMIAMI TRIAL NORTH			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	<del></del>	
	E 301 .ES FL 33940			83				
11720				84 City		FL	<b>85</b> Zip	Code
	10	00 and 007 1500 Florida Pr	atutos the at	hous pomed so	rporation submits this statement for the p		changing	its registered
office or or	edistered agent, or both, in the State	e of Florida. Such change v	as authorize:	a by the corpora	ation's board of directors. I hereby accep	ot the appo	ointment a	s registered
	n familiar with, and accept the oblic	rations of Section 607 Ď509	: Florida Stat	utes.				
agent. Lar	it familiar with, and accept the oblig	gations or, occiton bor loses	i, i lonua olai					
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agent. Lar	Signature hypera or proceed resolve of registered ag	gent and tille if applicable	(NOTE Registere		juired when reinstating)	DATE	DIRECTO	DD IN 10
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14. Lob 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 eath; 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 Mm 97 94/-394-2457