May 01, 1999 8:00 am Secretary of State

05-01-1999 90021 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000004838

1. Corporation Name

NEC EVETENIC COOLD INC

NOC STOTEMS GROUP, INC.				
Principal Place of Business Mailing Address		E 100\$1000 \$110 \$001 0011 6011 0011 0011	0) 40 0 E0 0	
624 GRASSMERE PARK DR 624 GRASSMERE PARK I	DR			
SUITE 10 SUITE 10	•••			
NASHVILLE TN 37211 NASHVILLE TN 37211		DO NOT WRITE IN T	HIS SPACE	
		3. Date Incorporated or Qualifed		
		09/17/1997		
Principal Place of Business 2a. Mailing Address		4. FEI Number	Applied For	
21 26		62-1516706	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5:- Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State		6. Election Campaign Financing	\$5.00 May Be	
23		Trust Fund Contribution	Added to Fees	
Zip Country Zip	Country	8. This corporation owes the current year		
24 29 29	30	Personal Property Tax.	¥Yes □No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Register	red Agent	
a waaraa waara	81 Name			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD	82 Street Add	Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324	83			
	84 City		85 Zip Code	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida State office or registered agent, or both, in the State of Florida. Such change was 	utes, the above-named cor	poration submits this statement for the purpose	e of changing its registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, FI	iorida Statutes.			
agent. I arn familiar with, and accept the obligations of, Section 607.0505, Fl SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NO)	Iorida Statutes. TE: Registered Agent signature requir	red when reinstating) DATE		
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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, so on an attachment with an addresse, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

COLLED David Fesnire SIGNATURE AND TYPED ORDRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

615-832-1202

☐ Addition

☐ Change