## 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 # 1. Corporation Name F97000006848

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90016 016 \*\*\*158.75

· NHS IN	VESTMENTS, INC.		٠.		
Principal Plac	ce of Business	Mailing Address		<u> </u>	BIRL OUTDO BOLD) HOWEN BRANCH FARE HOD)
2550 MIDWAY RD. SUITE 200 2550 MIDWAY RD. SUITE 200 CARROLLTON TX 75006			00	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	<del></del>
,				12/24/1997	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<u> </u>	26		76-0335514	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	to	City & State			<del></del>
23 28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	☐ Yes ☑No
	9. Name and Address of Current			10. Name and Address of New Register	ed Agent
0.7	CONTACTION OVERTA		81 Name		
120	CORPORATION SYSTEM O SOUTH PINE ISLAND ROAD		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
PLA	NTATION FL 33324		83		
ŀ	•		84 City	The state of the s	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	DIRECTORS	Registered Agent signature require	d when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	CP	☐ DELETE	1,1 TITLE	等化355特 ·	
NAME .	CURTIS, JERRY			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change ☐ Addition
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TITLE			1.3 STREET ADDRESS	in the state	☐ Change ☐ Addition
•	CARROLLTON TX 75006	□ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
	VCV	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME STREET ANDRESS	VCV MATHEWS, CHRIS	☐ DELETE	1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME		
STREET ADDRESS	VCV MATHEWS, CHRIS 2550 MIDWAY RD, SUITE 200	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		
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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 or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE