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

1. Corporation	MENT # F98000 N DEVELOPMENT, INC.	0000995							
Principal Place of Business Mailing Address							ID IDIIU (4		
7800 EAST KEMPER ROAD 7800 EAST KEMPER RO									
CINCINNATI OH 45249 CINCINNATI OH 45249						DO NOT WRITE IN THIS SPACE			
1		,				3. Date Incorporated or Qualifed	·E		
		· · · · · ·				02/20/1998			
2 Principal F	Place of Business	2a. Mailing Address				4. FEI Number	- App	lied For	
21	ides of Basiless	26				31-1184543		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			· <u>-</u> ·	5 Contiferate of Status Pagins	.75 Ac		
City & Sta	te	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip				Country		8. This corporation owes the current year Intangible	<u></u> е		
24	25 29 30					Personal Property Tax.	es [□No	
Name and Address of Current Registered Agent				.1		10. Name and Address of New Registered Agent			
ATMINIONAL MILLOON				81 Name					
ATKINSON, WILSON 1946 TYLER STREET			8	2	Street A	ddress (P.O. Box Number is Not Acceptable)			
HOLLYWOOD FL 33020			Ļ	_					
1101	£14100D1 £ 33020		8	3					
				4	City	FL ⁸⁵	Zip Co		
11. Pursuant office or agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familia with, and accept the obli	0502 and 607.1508, Florida Statute ate of Florida. Such change was au mation 201, Section 607.0505, Flor	s, the abouthorized bidd Statute	y t	-named corpor	corporation submits this statement for the purpose of changration's board of directors. I hereby accept the appointmen	jing its r t as regi	egistered istered	
SIGNATURE						puired when reinstating) DATE			
Signature, Sped or printed name of registered agent and title if applicable. (NOTE: Registere 12. OFFICERS AND DIRECTORS 13				ent	signature red	ADDITIONS/CHANGES TO OFFICERS AND DIF	ECTOR	RS IN 12	
TITLE			_	1.1 TITLE			hange	Addition	
NAME	BRISBEN, WILLIAM O		1.2 NAME						
STREET ADDRESS	AT MORTH PEACH BOAR		1.3 STRE	ET/	ADDRESS				
CITY-ST-ZIP	W. (D. (1975) . (1975) . (1975)		1.4 CITY-	1.4 CITY-ST-ZIP					
TITLE	V	☐ DELETE 2.1		2.1 TITLE			hange	☐ Addition	
NAME	SCHULER, ROBERT E	2.		2.2 NAME					
STREET ADDRESS	Trebucco Total State Sta		2.3 STRE	2.3 STREET ADDRESS					
CITY-ST-ZIP	ZIP CINCINNATI OH 45249		2.4 CITY	2. 4 CITY+ST-ZIP					
TITLE	☐ DELETE 3.		3.1 TTLE	3.1 TITLÉ			hange	☐ Addition	
NAME			3.2 NAME	E					
STREET ADDRESS	3		3.3 STRE	EΤ	ADDRESS				
CITY-ST-ZIP			3.4. CITY		T- ZIP				
TITLE		☐ DELETE	4.1 TITLE				hange	☐ Addition	

6.4 CITY-ST-ZIP

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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

4/28/99

Daytime Phone #

☐ Change

☐ Change

May 03, 1999 8:00 am Secretary of State

05-03-1999 90100 015 ***150.00

:R2E034 (11/98)

☐ Addition

☐ Addition