## 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 # H65310 1. Corporation Name

NORTH BRITISH AND AMERICAN DEVELOPMENTS, INC.

						<del> </del>	87817 81811 91811 91811 9	40H 0F0H H001	
Principal Place of Business Mailing Address									
1218-4220 W. KENNEDY BLVD. Fampa Fl 33609			4218-4220 W. KENNEDY BLVD. TAMPA FL 33609			DO NOT WRITE IN	THIS SPACE		
						3. Date Incorporated or Qualifed		<u>.</u> ]	
		10- 1/20-01				07/08/1985 4. FEI Number		plied For	
2. Principal Place of Business		<b>├</b>	2a. Mailing Address			l .	<u> </u>		3
1		26						t:Applicable=	
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired	. <b>\$8.75</b> <i>§</i> Fee Re	dditional	
2		27						<del></del> -	
City & State		City & State	<b>├</b> ─			6. Election Campaign Financing	\$5.00		
3		28				Trust Fund Contribution	Added t	o Fees	
_ Zip	Country	Zip		Country		8. This corporation owes the current year.			
4	25	29	30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Regis	tered Agent		
140 <b>0</b>	UEV NOBLAN MOUGLAC			81	Name				
	LEY, NORMAN NICHOLAS	•		82	Street Add	Iress (P.O. Box Number is Not Acceptable)			
6515 SANTIAGO CT		•				The state of the s	ر <u>د الحديد به المراجع و يودريد .</u>	gerge die erg opplie	
APC	OLLO BCH FL 33572			83		· · · · · · · · · · · · · · · · · · ·	<b>建。据:1988</b>		
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				84	City		FL S Z Z	7000	
agent. I a SIGNATURE	am familiar with, and accept the obligation					red when reinstating) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ATE	<u>.</u>	á
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO		Š
TITLE	DP		DELETE	1.1 TITLE		राष्ट्र है हिन्द्र है ।	☐ Change	☐ Addition	3
NAME	WIGLEY, NORMAN NICHOLAS 12N		1.2 NAME					5	
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CITY-ST-ZIP	APOLLO BCH FL			1.4 CITY-S	T-ZIP				်
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	ļ	_		2.2 NAME					
NAME					T ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP				2.4 CITY-5	51-ZIP		Change	Addition	
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NAME,	S ≠ € 1			3.2 NAME	i		•		
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NAME	]			4, 2 NAME					
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CITY-ST-ZIP			į.	4.3 3 INCC	I ADDINESS				
				4.4 CITY+S					}
TITLE							, Change	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP	\$		DELETE	4.4 CITY+S 5.1 TITLE 5.2 NAME 5.3 STREE	T-ZIP		∵ Change	☐ Addition	
NAME STREET ADDRESS	3		DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T-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 tristee amovement 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 order is with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90047 044 \*\*\*150.00