## 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

## Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90024 028 \*\*\*150.00

DOCUMENT # H73979  1. Corporation Name  N. W. INVESTMENT GROUP OF TAMPA, INC.								
Principal Place of Business Mailing Address					I SERIBITE RITE ERROR LITTO ISITE TOU	IEM IMII MENIE M	ABIT BIBIT BIBIT	Aldir Arası 1981
19001 SUNLAKE BLVD 16057 TAMPA PALMS BLVD. WEST								
LUTZ FL 33549				DO NOT MIDI	TE IN THIS	CDACE		
US - TAMPA FL 33647				, -	3. Date incorporated or Qualifed			
		บร			09/03/1985			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		- A	pplied For
21 26					59-2858800		N <sub>1</sub>	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional
27					5. Certificate of Status Desired		Fee R	equired
City & State City & State					6. Election Campaign Financing			May Be
23 28					Trust Fund Contribution Added to Fees			
Zip Country Zip			Country		8. This corporation owes the curr	ent year Int		[T]No
24	25	11	30		Personal Property Tax.	a -i atorod	☐ Yes	□No
	9. Name and Address of Current	Registered Agent	-	1 Name	10. Name and Address of New F	tegistered	Agent	
HANNAH CHARLES A				- Hame				
19001 SUNLAKE BLVD				2 Street Addr	ess (P.O. Box Number is Not Accepta	ible)		ĺ
LUTZ FL 33349				3				
	,	/	8	4 City		FL	85   Zip	Code
SIGNATURE	to the provisions of Sections 60/.0502 egistered agent, or both, in the State of m familiar with, and acceptable of Signature Signature Special or printername of registered agent	and title if applicable. (NOTE:	Registered A	the corporation of the corporati	d when reinstating)	1/3/ 1 DATE	77	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	_		1.1 TITLE	F			Change	
NAME	HANNAH CHARLES A							- 1
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			ETADDRESS				ţ
CITY-ST-ZIP	170001112			-ST-ZIP			Change	Addition .
TITLE.			21 TITLE			ere dense		
NAME	- 22		2.2 NAM	EET ADDRESS				
STREET ADDRESS	•· ·			-ST-ZIP				]
CITY-ST-ZIP			3.1 TITLE				☐ Change	Addition
NAME			3.2 NAM					}
STREET ADDRESS				EET ADDRESS				}
CITY-ST-ZIP				/-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAN	re				}
STREET ADDRESS			4.3 STRI	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP				
TITLE			5.1 TITLI	1			☐ Change	Addition
NAME	<u></u>		5.2 NAM	1				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAM					
STREET ADDRESS			6.3 STRI	EET ADDRESS				1

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 of rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on an attaching twith an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: