May 07, 1999 8:00 am Secretary of State

05-07-1999 90133 001 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT

1. Corporation	NEY ENTERPRISES, INC.	5											
Principal Place of Business Mailing Address							\dashv	† 10011160 B101 1100					
% DAVID A. KATZMANMAN 2300 GLADES ROAD. SUITE 220W BOCA RATON FL 33143		% DAVID A. KAT. 2300 GLADES RO	% DAVID A. KATZMANMAN 2300 GLADES ROAD. SUITE 220W BOCA RATON FL 33143			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed							
								04/22/1986					
2. Principal Pl	ace of Business	2a. Mailing Addr	2a. Mailing Address				4.	FEI Number					lied For
21		26						59-2664597					Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.				5.	Certificate of Status	Desired			75 Ad	iditional uired
City & State	•	City & State	<u></u>				6.	Election Campaign Trust Fund Contribu	•			.00 N ided to	lay Be Fees
Zip 24	Country 25				•		This corporation owes the current year Personal Property Tax.			ent year Int	r Intangible ☐ Yes ☐ No		
.=1	9. Name and Address of Curre			×1			10.	Name and Addres		Registered	Agent		
KATZMAN, DAVID A 2300 GLADES ROAD, SUITE 220 W BOCA RATON, FL 33431								O. Box Number is t	Not Accepta	able)			
800	A RATON, FL 33431			83									
				84	Ci	ty				FL	85	Zip Co	ode
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Statin familiar with, and accept the oblig	e of Florida. Such chan	ge was auth	horized by	the	med corporation	oration on's bo	n submits this statem pard of directors. I he	ent for the ereby acces	purpose of of the appoi	changii ntment	ng its r as reg	egistered stered
SIGNATURE	6)	a tide of and able	WOTE D	egistered Agen	- Colon	atura sa dena	d salbasa a	- institution)		DATE			
12.				13.			ADDITIONS/CHANGES TO OFFICERS A				ND DIRECTORS IN 12		
TITLE	PD		ELETE	1.1 TITLE				ADDITIONO/OFFICE	<u> </u>	I IOCINO AL	Ch		Addition
NAME			1.2 NAME	1.2 NAME							-		
STREET ADDRESS			1.3 STREET	T ADD	RESS								
CITY-ST-ZIP	DOOL DATON EL COLO.		ľ	1.4 CITY-ST-ZIP									
TITLE	· · · · · · · · · · · · · · · · · · ·		2.1 TITLE							☐ Ch	ange	☐ Addition	
NAME				2.2 NAME									
STREET ADDRESS			2.3 STREET ADORESS										
CITY-ST-ZIP	2.		2. 4 CITY-S	2. 4 CFTY-ST-ZIP									
TITLE	☐ DELETE 3.		3.1 TITLE	3.1 TITLE					_	☐ Chá	ange	Addition	
NAME				3.2 NAME		1							\
STREET ADDRESS			3.3 STREET ADDRESS		RESS								
CITY-ST-ZIP				34. CITY-S	T-ZIP								
TITLE		□ Di	ELETE	4.1 TITLE							Cha	ange	☐ Addition
NAME				4. 2 NAME									ĺ
STREET ADDRESS				4.3 STREET	[ADD	RESS							

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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

OFFICER OR DIRECTOR

DELETE

☐ DELETE

Change

☐ Addition

Addition