


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

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90005 089 *****8.75

05-14-1999 90005 090 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J79922					
1. Corporation Name NIEMINEN REALTY, INC.					
Principal Place of Business 96 FLAGLER PLZ DR. PALM COAST FL 32136 US			Mailing Address 96 FLAGLER PLZ DR PALM COAST FL 32136 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 104 Surfview Dr		26 104 Surfview Dr		06/26/1987	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 104 Surfview Dr		28 104 Surfview Dr		59-2857425	
24 32137		29 32137		Applied For	
25 USA		30 USA		Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
NIEMINEN, SCOTT K 1431 LAMBERT AVE. FLAGLER BEACH FL 32136			81 Name PAUL K. NIEMINEN		
			82 Street Address (P.O. Box Number is Not Acceptable) 503 N ORANGE AVE		
			83 PO Box 1354		
			84 City BUNNELL FL 85 Zip Code 32110		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Paul K. Nieminen Paul K. Nieminen, DST 4/29/99					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME NIEMINEN, PAUL K.					
1.3 STREET ADDRESS 503 N ORANGE AVE					
1.4 CITY-ST-ZIP BUNNELL FL					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME NIEMINEN, PAUL K.					
2.3 STREET ADDRESS 503 N ORANGE AVE					
2.4 CITY-ST-ZIP BUNNELL FL					
3.1 TITLE <input checked="" type="checkbox"/> DELETE					
3.2 NAME NIEMINEN, SCOTT K.					
3.3 STREET ADDRESS 1431 LAMBERT AVE					
3.4 CITY-ST-ZIP FLAGLER BCH FL					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)