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

PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

04-20-1999 90257 043 ***150.00

DOCUMENT # K20229 1. Corporation Name 3 N GROUP, INC. Mailing Address Principal Place of Business 4270 PROGESS AVENUE 4270 PROGESS AVENUE NAPLES FL 34104 NAPLES FL 34104 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/04/1988 2a. Mailing Address 4. FEI Number Applied For Principal Place of Business Not Applicable 26 65-0043511 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State \Box Added to Fees Trust Fund Contribution 28 23 Country Country Zip 8. This corporation owes the current year Intangible Zip Yes □No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 NELSON, WILLIAM M. Street Address (P.O. Box Number is Not Acceptable) 82 **4270 PROGESS AVENUE** NAPLES FL 34104 City 85 Zip Code 84 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition □ DELETE 1.1 TITLE TITLE 1.2 NAME NELSON, WILLIAM M. NAME **4270 PROGESS AVENUE** 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE TITLE DVS 2.1 TITLE NELSON, JAMES E. 2.2 NAME NAME **4270 PROGESS AVENUE** 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE DVT 3.2 NAME NELSON, DOUGLAS W. NAME 4270 PROGESS AVENUE 3.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

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 director of the corporation or director or an address, with all other like empowered. Block 12 or Block 13 if changed, or on an attal

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

mil 64 149 .

TITLE

NAME

STREET ADDRESS

☐ DELETE

Change

Addition

CR2E034 (11/98)