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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # **K26353** 

(8)

FILED Feb 21 1997 8:00am Secretary of State

1. Corporation Name NANCY'S LAND INC.  Principal Place of Business  Mailing Address  8420 W. FLAGLER ST.  MIAMI FL 33144-2045								
					3. Date Incorporated or Qualified 06/16/1988	3a. Da 02/0	te of Last F 02/1996	Report
Principal P	lace of Business	2a. Mailing Address			4. FEI Number	· .	LA	pplied For
		26			65-0056172			ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		•	5. Certificate of Status Desired			Additional equired
City & Stat	0	City & State	· · · · · · · · · · · · · · · · · · ·	·	6. Election Campaign Financing			May Be
		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	intengible	tax under s	s. 199.032,
	25	29	30			Z Yes [		
<b>A</b> 111	9. Name and Address of Curre	ent Registered Agent	81 N	lame	10. Name and Address of New Ro	egistered /	Agent	
	LERMO, NANCY	•		атте				
8421 # 11	) W. FLAGLER STREET		<b>82</b> S	treet Addre	ess (P.O. Box Number is Not Accepta	ble)		
	10 VII FL 33144		83					
MUU	WI LE 20144				·			
			<b>84</b> C	ity		FL	85 Zip	Code
	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 607.0505, F	ites, the above-na authorized by the lorida Statutes.	amed corporation	oration submits this statement for the ion's board of directors. I hereby acce	purpose of opt the app	ointment as	registered
SNATURE	Signature typed or printed name of registered at	gent and little d'applicable (NO ND DIRECTORS	TE: Registered Agent si			DATE	DIRECTO	RS IN 12
SNATURE:	Signature: typed or printed hame of registered at OFFICERS AT	gent and little if appticable (NO	TE: Registered Agent si		ad when reinstating)	DATE		
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. I do hereby certify that the information supplied with this filing does not quality 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 profile 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.

SIGNATURE: A CONTROL OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

278-97

230-2999

time Phone #