PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **L21273** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90076 022 \*\*\*150.00

N999KA,	INC.									
Principal Diag	of Rusiness	Mailing Address					i dian mai dian			
Principal Place of Business Mailing Address  % JAMES DAUNCEY % JAMES DAUNCEY 1198 S.W. 4TH AVENUE 1198 S.W. 4TH AVENUE BOCA RATON FL 33432-7125 BOCA RATON FL 33432-7125						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 10/09/1989				ŀ
o Principal Di	Inco of Business	2a, Mailing Address	-			4. FEI Number	<del></del>	Applie	ed For	╣,
2. Principal Place of Business 2a. Mailing Address 21						65-0156718		<del></del>	pplicable	┨
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	·	75 Add e Requi	itional	1
22						6. Election Campaign Financing	\$5	.00 Ma	v Re	-  
23 28						Trust Fund Contribution		ded to F		
Zip				ntry		8. This corporation owes the current y	year Intangible			Ī
24	25 29 3					Personal Property Tax.	er ✓ Yes		No	į
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regi	stered Agent			į
DALI	MOEV JAMES			81	Name			-		
DAUNCEY, JAMES 1198 S.W. 4TH AVENUE			ļ	82	Street Addre	ss (P.O. Box Number is Not Acceptable)				İ
BOCA RATON FL 33422			-	83						1
500	A 1507011 1 2 00722			63						1
			Ī	84	City		FL 85	Zip Cod	le	ì
office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State or familiar with, and accept the obligati Signature, typed or printed name of registered agent	ons of, Section 607.0505, Floric	horized la Statu	by thes.	named corporation	ration submits this statement for the purp's board of directors. I hereby accept the when reinstating)	appointment a	g its registi	ered	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE				- '
TITLE	PST DELETE			1.1 TITLE			☐ Cha	nge }	Addition	
NAME	DAUNCEY, JAMES			1.2 NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	BOCA RATON FL OELETE			Y-ST-	ZIP		☐ Cha	nge /	Addition	1
TITLE		<del>_</del>		2.1 TITLE		مستمست.		./		
NAME	Dauncey, James 1198 S.W. 4th Avenue				ADDRESS	and the same of th	تر.			
STREET ADDRESS	BOCA RATON FL		2.4 CI							
CITY-ST-ZIP TITLE	DOORTHONTE	☐ DELETE	3.1 TIT		- Zn		Cha	nge	☐ Addition	1
NAME			3.2 NA	ME						1
STREET ADDRESS			3.3 STI	REETA	ADDRESS					
CITY-ST-ZIP			3.4. CIT	TY-ST	-ZIP					
TITLE		☐ DELETE	4.1 TIT	LE			Cha	nge	Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS			4 3 STF	REETA	ADDRESS					
CITY-ST-ZIP			4.4 CITY-5		ZIP	<del></del>			<b>□</b> A → J'6'	1
TITLE	· .	☐ DELETE	5.1 TITLE				Cha	nge	☐ Addition	
NAME			5.2 NA		ADDDECC					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	Silvania Central Street	☐ DELETE	5.4 CIT 6.1 TITI		-417		Cha		Addition	Н
		(") DELETE	6.2 NA				_ 5/10	- a-		1.
NAME			ı		ADDRESS					1
STREET ADDRESS	T - 1		6.4 CIT							F

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 eddress, with all pither like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Daytime Phone #