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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90226 032 \*\*\*150.00

DOCU	MENT # L38231									
1. Corporation Name  NAMENERB INC.						-				
IAVIAIFIAF	IND IIVO:					1	1 18811811 888 11181 12118 11688 11			
Principal Place	e of Business	Mailing Add	ress				i 100 il 01i 000 11:01 10110 11000 11:			
C/O RAYDELL BRENEMAN  C/O RAYDELL BRENEMAN					}					
6 Creeksbridge Ct. 6 Creeksbridge Ct. Ormond Beach FL 32174 Ormond Beach FL 32174							DO NOT WRI	TE IN THIS	SPACE	
OTHIOND BENC	HITE UZIT	OTIMICITE DE					3. Date Incorporated or Qualifed			
							12/13/1989			
2. Principal Pl	lace of Business	2a. Mailing /	2a. Mailing Address				4. FEI Number			oplied For
21		26	Suite, Apt. #, etc.				59-2984460		\$8.75	ot Applicable
Suite, Apt.	#, etc.	<b>⊢</b>	ot. #, etc.			l	5. Certifcate of Status Desired			Additional equired
22 City & State		27 City & S	tate				6. Election Campaign Financing			May Be
23	<u> </u>	28		<u></u>			Trust Fund Contribution	~[] <del>-</del>		to Fees
Zip	Country	Zip		Country			8. This corporation owes the curr	ent year In	tangible	
24	25	29	30	]			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Registered Ag	ent				10. Name and Address of New F	Registered	Agent	
DDE	NEMANI DAVDELL			81	Name					
	Neman, raydell Reeksbridge Ct.			82	Street A	Address	s (P.O. Box Number is Not Accepta	able)		
1	IOND BEACH FL 32174		83				<u> </u>			
}	JOHO DE TOTT LE VETT !			00						
				84	City			Fl	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508.	Florida Statutes.	the above	e-named c	corpora	ation submits this statement for the			registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such of	change was authorida	orized by Statutes	the corpor	ration's	s board of directors. I hereby acce	pt the appo	intment as re	gistered
ayent. rad	in familiar with, and accept the original	ations of, occasin								
CIONIATURE		-	-				•	1/2ES	29.9	'
SIGNATURE	Signature, typed or printed name of registered ag	and the same	-			equired w	hen reinstating)	DATE	29.9	
12.	Signature, types or printed name of registered as OFFICERS A	ent and title if applicable.	(NOTE: Re	gistered Ager		w beniupe	hen reinstating) ADDITIONS/CHANGES TO OF			
12.	Signature, types of printed name of registered as OFFICERS A	ent and title if applicable.	-	gistered Ager 13. 1.1 TITLE		lw beniupe			ND DIRECTO	DRS IN 12
12. TITLE NAME	Signature, type-fit printed name of registered as OFFICERS A P BRENEMAN, RAYDELL	ent and title if applicable.	(NOTE: Re	gistered Ager 13. 1.1 TITLE 1.2 NAME	nt signature red	equired wi				
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, types of printed name of registered as OFFICERS A P BRENEMAN, RAYDELL 6 CREEKSBRIDGE CT. ORMOND BCH. FL	ent and title if applicable. ND DIRECTORS	(NOTE: Re	gistered Ager 13. 1.1 TITLE 1.2 NAME	TADORESS	w beniupe				
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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 OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-99

904 672 2782

Daytime Phone