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

PROFIT CORPORATION ANNUAL REPORT

1999



Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L62848

1. Corporation Name

FYE, JOHN

3309 FOX SQUIRREL LN VALRICO FL 33594

NATIONAL SEARCH ASSOCIATES INC

MATIONAL SEATION AGGOGIA	TEO, INO.	
Principal Place of Business	Mailing Address	()000/1011 013 01110 1100/10110 2/05/10/10/10/10/10/10/10/10/10/10/10/10/10/
3309 FOX SOUIRREL LN VALRICO FL 33594 US	3309 FOX SQUIRREL LN VALRICO FL 33594 US	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/05/1990
2. Principal Place of Business	2a, Mailing Address	4. FEI Number Applied For
21 3506 Old Course	Ln. 26 3506 Old Coorse Lr	. 59-3006426 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired Serviced Fee Required
[22]		

Applied For Not Applicable \$8.75 Additional us Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible

Mar 09, 1999 8:00 am

Secretary of State

03-09-1999 90158 007 ***150.00

□No Personal Property Tax. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

Zip Code 33599 Irico 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

81 Name

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84 City

office or re agent. I ar	egistered agent, or both, in the State of Florida. Such change was auth n familiar with, and accept the obligations of, Section 607.0505, Florida	orized by the corpo a Statutes.	poration's board of directors. I hereby accept the appointment as register 3/4/_	ed		
SIGNATURE	John R. Fye, President		/ '/9 9	_		
Signature, typed or printed name of Agistobid agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D DELETE	1.1 TITLE	Change	Addition		
NAME	FYE. JOHN	1.2 NAME				
	3309 FOX SQUIRREL LN	1.3 STREET ADORESS	Fye John 3506 Old Course Ln. Valrico, FL 33594			
STREET ADDRESS	VALRICO FL	1.4 CITY-ST-ZIP	Valsica F1 33594			
CITY-ST-ZIP TITLE	DELETE	2.1 TITLE	Change	Addition		
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS	-* · · · · · · · · · · · · · · · · ·			
		2.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	☐ DELETE	3.1 TITLE	☐ Change	Addition		
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS	S			
CITY-ST-ZIP		3.4. Crry-ST-ZIP				
TITLE	DELETE	4.1 TITLE	Change	Addition		
NAME		4, 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS	s			
		4.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	☐ DELETE	5.1 TITLE	. Change	Addition		
NAME		5.2 NAME				
STREET ADDRESS		5 3 STREET ADDRESS	s			
CITY-ST-ZIP		5,4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE	Change	Addition		
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS	s			
CITY-ST-ZIP		6.4 CITY-ST-ZIP				

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 of 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 apartiachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR