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PROFIT CORPORATION ANNUAL REPORT 1999

N & V. INVESTMENT, CO., INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90012 029 ***150.00

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- 5 EMBRIMIN MIN #1111 MINI			1837 B1811 J 88

	e of Business	-							
4703 SE 17TH	PL	8695 COLLEGE PARKWAY							
SUITE 305	· -	SUITE 305				•			
CAPE CORAL F	1 33904	FT MYERS FL 33919				DO NOT WRITE IN THIS SPACE			
US	2 00004	US				3. Date Incorporated or Qualifed			
US		00				1 .			
	<u> </u>					04/12/1990			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				65-0185179		No	t Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.					\$	8 75 4	Additional
	#, e.c.	—				5. Certifcate of Status Desired	□ *	Fee Re	
22		27							·
City & Stat	e	City & State				6. Election Campaign Financing		55.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the curre	nt vear Intangil	ole.	
	, .	⊢ `	30			Personal Property Tax.	·		□No
24	25	29	30						
	9. Name and Address of Curren	t Registered Agent		Т		10. Name and Address of New Re	agistered Agei	rt.	
				81	Name				
JOS	EPH E ROTH, CPA		.	-	7 . A A data	(D.O. Day Mushay in Not Assessed	ula)		
8695	COLLEGE PARKWAY, SUITE 30	15		82	Street Addre	ess (P.O. Box Number is Not Acceptat	ne)		
	MYERS FL 33919		}	83		1.0 (4.1) 1.0 (4.1) 1.0 (4.1) 1.0 (4.1) 1.0 (4.1) 1.0 (4.1) 1.0 (4.1) 1.0 (4.1) 1.0 (4.1) 1.0 (4.1) 1.0 (4.1)	7 - 07 24400 9 03 24 14 5 312 \$130 1 249 15 2	Mar freie fil	12. 19.19.
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		*	}	84	City	1. 1. 23 1. 24 4 11 1 21 2 1 1 1 1 1 1 1 1 1 1 1 1	8	Zip C	Code
				- 1	•		FI I	1 '	i
14 Director	to the articlene of Sections 607 050	2 and 607 1508 Florida Statut	es the at	hove	-named corpo	pration submits this statement for the pen's board of directors. I hereby accept	ourpose of char	naina its	registered
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorized	by t	the corporation	n's board of directors. I hereby accept	the appointme	nt as re	gistered
ं 'agent'I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Flo	rida Statu	utes.					
SIGNATURE									. [
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered	Agent	signature required	when reinstating)	DATÉ	•	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND D	RECTO	RS IN 12
TITLE	р	☐ DELETE	1.1 TIT	1.E		8 7 7 9 7 19 4		Change	☐ Addition
	CHEADS MOSH I ID		1.2 NA	ME					, ,
NAME	SNEADS, VIRGIL L., JR.								
STREET ADDRESS	4703 SE 17TH PL, SUITE 305		1.3 ST	REFT.	ADDRESS				
CITY-ST-ZIP.	CAPE CORAL FL 33904					1			
	014 2 0010 12 12 00001		1.4 CIT		-ZIP				
TITLE	D	☐ DELETE	1.4 CIT 2.1 TIT	Y-ST	-ZIP			Change	☐ Addition
TITLE	D	☐ DELETE	2.1 TIT	IY-ST LE	-ZIP			Change	☐ Addition
NAME	D SNEAD, NORMA J.	_	2.1 TIT 2.2 NA	TY-ST ILE IME		·		Change	☐ Addition
	D SNEAD, NORMA J. 4703 SE 17TH PL, SUITE 305	_	2.1 TIT 2.2 NA	TY-ST ILE IME	-ZIP ADDRESS	·		Change	☐ Addition
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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 anachment with an address, with all other like empowered.

SIGNATURE