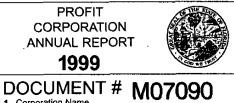
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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90044 039 ***150.00

| NENETT | E, INC | | • | | | | | | |
|--|---|--|---------------------------|--------------|-------------|---|-----------------|----------------------------|---------------|
| Principal Place | a of Business | Mailing Address | | | | { | | i Blit Birbil Wirli bi | ION OPON (SOI |
| 6383 VIA ROSA | | | | | | | | | |
| 6383 VIA ROSA BOCA RATON FL 33433 6383 VIA ROSA BOCA RATON FL 33433 | | | | | | _ | | | |
| US US | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualifer 10/25/1984 | J | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | Apr | plied For |
| 21 | | 26 | | | | 65-0402103 | | | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | | \$8.75 A Fee Red | |
| City & Stat | e | City & State | | | | 6. Election Campaign Financing | | \$5.00 | Мау.Ве |
| 23 | المراضاتين الأرادي فالمويسيسات | 28 | شعب . | | `- | Trust Fund Contribution | | Added to | o Fees |
| Zip | Country | Zip | Count | ry | | 8. This corporation owes the cu | rrent year Into | angible | _ |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | | ☑ No |
| | 9. Name and Address of Curren | t Registered Agent | | <u> </u> | .= | 10. Name and Address of New | Registered / | Agent | |
| CPU | NBERG, NENETTE | • | • | Mam | ie | | | | |
| 6383 VIA ROSA | | | | 2 Stree | et Addre | Address (P.O. Box Number is Not Acceptable) | | | |
| BOCA RATON FL 33433 | | | | 13 | | | | | |
| , DO | A HATON I E 00100 | | ľ | 13 | | | | | |
| | | | | 34 City | | | FL | 85 Zip C | 1 |
| office or r | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was au tions of, Section 607.0505, Flor | ithorized t ida Statut | es. | rporation | n's board of directors. I hereby acco | DATE | TWENT AS 166 | yistered |
| 40 | Signature, typed or printed name of registered ager | D DIRECTORS | 13. | gent signatu | re required | when reinstating) ADDITIONS/CHANGES TO O | | ID DIRECTO | RS IN 12 |
| 12. | PST | D DIRECTORS DELETE | 1.1 TITL | | T | ADDITIONO/OTANOLO TO C | TIGEROAN | Change | Addition |
| NAME | GRUNBERG, NENETTE | | 1.2 NAM | | | | | | 1 |
| STREET ADDRESS | 0000 184 0004 | | | EET AODRES | ss | | | | l |
| CITY-ST-ZiP | BOCA RATON FL 33433 | | | -ST-ZIP | | | | | |
| TITLE | VP | M DELETE | 2.1 TITL | | | | | ☐ Change | ☐ Addition |
| NAME | TINGHINO, THOMAS R | | 2.2 NAM | E | | | | | |
| STREET ADDRESS | 6383 VIA ROSA | | 2.3 STRI | EET ADDRES | SS | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | | 2. 4 CIT | /-ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 3.1 TITL | <u> </u> | | | | Change | ☐ Addition |
| NAME | | | 3.2 NAM | E | | | | | 1 |
| STREET ADDRESS | " - | | 3.3 STR | EET ADORES | SS | The second of the second | ما الما الما | | ļ |
| CITY-ST-ZIP | | | 3.4. C(T) | (-ST-ZIP | | | | | |
| TITLE | 3 | ☐ DELETE | 4.1 TITU | E | | | | Change | Addition |
| NAME | | , | 4. 2 NAM | ME . | | | | | |
| STREET ADDRESS | - | | 4.3 STR | EET ADDRE | SS | | | | } |
| CITY-ST-ZIP | | | 4.4 CITY | | | | | | Addition |
| TITLE | · , | ☐ DELETE | 5.1 TITL | | 1 | | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAM | | _ | | | | |
| STREET ADDRESS | | | | EET ADDRES | 200 | | | | } |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITL | -ST-ZIP | | | | Change | Addition |
| TITLE | • | □ verete | 6.2 NAM | | - | | | onunge | |
| NAME OTDEET LOCOPEC | | | | EET ADDRES | ss | | | | |
| STREET ADDRESS | i e e e e e e e e e e e e e e e e e e e | | 2.00,110 | | 1 | | | | 1 |

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP