## H-2-98 B 4109 & FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT STATE

Sandra B. Mortim

Secretary of Stall DIVISION OF CORPORTIONS

POCUMENT # N9700003288 (4)

## FILED Apr 02 1998 8:00am Secretary of State

1. Corporation	On Name  NGELIC REALM, INC.	.0000200 (4)		
			ı ı	
Principal Plac	ce of Business	Mailing Address		
4605 HUNTSMA	AN COURT	4605 HUNTSMAN COURT		9 Data Language Overliffe of
TAMPA FL 33624		TAMPA FL 33624		3. Date Incorporated or Qualified 06/05/1997
				4. FEI Number Applied For
				59-34-60 3 29 Not Applicat
2. Principal F	Place of Business	2a. Mailing Address		Certificate of Status Desired     Sectional     Fee Regulred
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution Added to Fees
City & Star	te	City & State		7. Is this nonprofit corporation a homeowners association?
23		26		☐ Yes 🔼 No
Zip	Country	Zip	Contry	8. This corporation owes or has paid the current year Intangible
24	25		ю .	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
	9. Name and Address of Curre	in nahisralan võõlit	81 Name 7	
KASTEN	I, A. CHRISTOPHER II		<u> </u>	nrique lutgen
	ENNEDY BLVD		Street Add	tress (P.O. Box Number is Not Acceptable)
SUME 1			83 TELN	II ONI > PUI CI
	FL 33602			les l'avent
*********			84 City TA	MPA FL 85 Zip Code 33 6 24
11. Pursuant	to the provisions of Sections 617.050	2 and 617,1508, Florida Statutes	, the eove-named cor	
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblic	e of Florida. Such change was au actions of, Section 617,0503. Flori	thorize by the corpora da Stutes.	rporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Maryen	VII	EPESIDE	UT 3/26/98
		ent and tille if applicable. (NOTE:	Registeri Agent signature requ	uired when reinstating) DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D LUTOEN NCOA	☐ DELETE	1.1 TLE	☐ Change ☐ Addit
NAME	LUTGEN, NEDA 4605 HUNTSMAN COURT		1.2 IME	
STREET ADDRESS	TAMPA FL 33624		1.3 SREET ADDRESS	
TITLE	D	DELETE	1.4 CY - ST - ZIP	Change Addit
NAME	LUTGEN, ENRIQUE	- DECENE	2.1 TLE	
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CITY-ST-ZIP	TAMPA FL 33624		2.3 SREET ADDRESS	
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NAME	LUTGEN, ALFREDO		3.2 AME	
STREET ADDRESS	4605 HUNTSMAN COURT		3.3 TREET ADDRESS	
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NAME	i		4.2 AME	
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TITLE		☐ DELETE	6.1 TLE	Change Addi
NAME			6.2 AME	
STREET ADDRESS			6.3 TREET ADDRESS	
			and there were a	
CITY-ST-ZIP	and the short short state of the state of th		64 CITY-ST-ZIP	in Section 119.07(3)(i), Florida Statutes. I further certify that the informat

4. 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 informatic 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachinent with an address.

**SIGNATURE:** 

ENRIANT LU

3/26/98

813-960-1391