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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCU!	MENT # P09937					
	NG GENERAL AGENTS, INC.					
Principal Place	of Business	Mailing Address			IRI DIDIL BIBLI DIDIL BIBLI BIR	E BIBII (FA)
270 WALKER DI	RIVE	270 WALKER DRIVE				
P.O. BOX 259	= a	P.O. BOX 259		DO NOT WRITE	IN THIS SPACE	
STATE COLLEG	E PA 168UI	STATE COLLEGE PA 16901		3. Date Incorporated or Qualifed		
				04/29/1986		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Аррі	lied For
21		26		25-1372168		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	_~ \$8.75 Ad Fee Req	
22		27				
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
Zip	Country	Zip	Country	This corporation owes the current		1 003
24	25	29 3		Personal Property Tax.		□No
241	9. Name and Address of Current		*1	10. Name and Address of New Reg	istered Agent	
		new	81 Name	-		
	ICHOL, ROBERT E. JR.	address	82 Street A	ddress (P.O. Box Number is Not Acceptable	Dr #	~ .
	2 PRINCESS PALM AVE.	effective	p (565		rk Dr. "I	107
	-340	3-1-94		2		
TAMI	PA FL 33619	۱۰۱ کـ	84 City		FL 85 Zip Ci	ode
		•		AMPA	· -	$\varphi \cdot \cup_{-}$
office or r	agistared eagent or both in the State of	f Florida. Such change was aut	horized by the corpo	corporation submits this statement for the puration's board of directors. I hereby accept the	pose of changing its re ne appointment as regi	egistered istered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut	horized by the corpo	corporation submits this statement for the pur ration's board of directors. I hereby accept the	pose of changing its r ne appointment as reg	egistered istered
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

-CD2E024 (44/08)