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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200011987

Corporation		,,,,,,,,					
NATIONS	S TRUST, INC.						
		14-90 Add					
Principal Place of Business Mailing Address							
250 VALENCIA AVE. 250 VALENCIA AVE. CORAL GABLES FL 33134 CORAL GABLES FL 33134						:	
CONAL GABLES	3 FL 33104	OUTAL GABLES I E 00101			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		}
2 5	- A Dissipance	2a. Mailing Address			12/15/1992 4. FEI Number	- LAn	plied For
⊢ '	2. Principal Place of Business 2a. Mailing Address 21				65-0470570	1 1 1	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					·	\$8.75 A	
22	.,	27			5. Certificate of Status Desired	Fee Re	quired ·
City & State	3	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	_ Country ⊐	/	8. This corporation owes the current year Inta	ngible ☐ Yes	□No
24	25	29 30	<u>'l</u>		Personal Property Tax. 10. Name and Address of New Registered A		
	9. Name and Address of Current	Registered Agent	81	Name	TO. Name and Address of New Registered P	·yeni	
MILLER, GEORGE D				<u></u>			
250 VALENCIA AVENUE			82	Street	Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134 ·			83				
						85 Zip (ode
			84	- 7	FL	i1 -	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named	corporation submits this statement for the purpose of	changing its	registered
Office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Plocide Such change was allini	onzed by	The COID	oration's board of directors. I hereby accept the appoin	unent as re	gistered
SIGNATURE	, ,				<u> </u>		
	Signature, typed or printed name of registered agent a			nt signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTO	DS IN 12
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE NAME	DPT George D Miller	- OFFEIF	1.2 NAME				
STREET ADDRESS	250 VALENCIA AVE			T ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-5				
TITLE			2.1 TITLE			Change	Addition
NAME	HENNESSY, DAVID C		2.2 NAME				1
STREET ADDRESS	22481 PLEASANT PARK ROAD		2.3 STREE	TADDRESS			
CITY-ST-ZIP	CONIFER CO 80433		2. 4 CITY-	ST-ZIP			
TITLE	VS DELETE		3.1 TITLE			☐ Change	☐ Addition
NAME	OCE O DEIMONNE		3.2 NAME				
STREET ADDRESS	303 IVY LANE			TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		Change	Addition
TITLE	OCCUEN MULIANO	☐ DELETE	4.1 TITLE				
NAME	COOLEY, WILLIAM O		4. 2 NAME				
STREET ADDRESS	233 TRADEWIND DIRVE PALM BEACH FL 33480		4.3 STREE	T ADDRESS			
CITY-ST-ZIP TITLE	A	_ XDELETE	5.1 TITLE	21-21F	Α	Change	X Addition
NAME	SIMPSON, ANNA M	 · · ·	5.2 NAME		A CLAYCOMB HEATHED M	-	{
	Anter AALA LEMEN 141				CLAYCOMB, HEATHER M.		Í

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

850 HANGMANS ROAD

BAILEY CO

TURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID C. HENNESSY

3-01-99

28 BEAR ROCK ROAD

EVERGREEN CO

303-697-8400

Change

Addition |