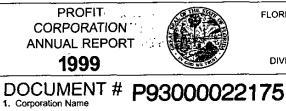
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ::: ANNUAL REPORT

1999

NTC INVESTORS' SERVICES, INC.



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90045 007 ***150.00



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Principal Place of Business Mailing Address						1 12011441 (10 10100))()) 00115 00111 00111 00111 1010 1700 1700	1991	
1736 BUCKHORN PLACE ORLANDO FL 32825 . 1736 BUCKHORN PLACE ORLANDO FL 32825						DO NOT WRITE IN THIS SPACE		
	•					3. Date Incorporated or Qualifed		
						04/01/1993		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied Fo	r	
21		26				59-3172764 Not Applica	_	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Sa.75 Additional Fee Required		
City & State)	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip Country				8. This corporation owes the current year intangible		
	25]	29	30			Personal Property Tax. Yes No		
24	9. Name and Address of Current Registered Agent		1001	T		10. Name and Address of New Registered Agent	\Box	
5. Name and Address of Current Registered Agent				81 Name				
CHRYSOCHOS, NICK 1736 BUCKHORN PLACE				82	Street Add	Idress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32825				83	 	•		
)				84	City	85 Zip Code		
				<u>L</u>	<u> </u>	FL 100 EN		
office or readent. I as	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was	autnorize	n nv	the corporal	proration submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registered		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				Agen	nt signature requi	uired when reinstating) DATE		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	D	☐ DELETE	1.1 TITLE			Change Ad	idition	
NAME .	CHRYSOCHOS, NICK		1.2 N	1.2 NAME			l	
STREET ADDRESS 1736 BUCKHORN PLACE			1.3 STREET		TADDRESS			
CITY-ST-ZIP	ORLANDO FL 32825				T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Ac	Idition	
NAME	•		2.2 N	AME				
STREET ADDRESS			2.3 STREET A		T ADDRESS			
CITY-ST-ZIP	يعاديا فالمستداد	·	2.4 CITY-ST-ZIP		ST-ZIP			
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NAME		;		3.2 NAME				
STREET ADDRESS			3.3 S	TREE	T ADDRESS			
CITY-ST-ZIP			3.4. 0	3.4. CITY-ST-ZIP				
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CITY-ST-Z∤P			4.4 0	4.4 CITY-ST-ZIP				
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STREET ADDRESS			5.3 S	TREE	T ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP				
TITLE	☐ DELETE 6		6.1 T	6.1 TITLE		Change A	ddition	
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STREET ADDRESS			6.3 S	TREE	TADORESS		į	
CITY-ST-ZiP			6.4 0	ITY-S	ST-ZIP			

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.

SIGNATURE: .