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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90056 042 \*\*\*150.00

Co.po.a.o.	MENT # P93000 NT ASSET MANAGERS, INC								
Principal Place of Business Mailing Address						- G INDIAMBI ISB ENTRO (FISE BRI		† )(AIA 15001 £0101 1	94114 BIBI 1681
1341-B BEDFOR	RD DR.	1341-8 BEDFORD DRIVE							
SUITE 505 SUITE 505						DO NOTA	MONTE IN THE	ODACE	
MELBOURNE FL 32940 MELBOURNE FL 32901						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
บร		U\$				ļ	160		Į
A 0 : : 10		O Mailing Address				03/26/1993 4. FEI Number			plied For
2. Principal Pi	ace of Business	2a. Mailing Address				" = ' ''		<del> </del>	Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.				59-3174517		\$8.75 A	
_ ` `	#, etc.	<b>⊢</b> ¬				5. Certifcate of Status Desire	d 🗆	Fee Red	
City & State		City & State				6 Flortion Compaign Financi	na		•
23		28				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 In		
24	25					Personal Property Tax.			
<u></u>	9. Name and Address of Curren		<u> </u>			10. Name and Address of Ne	w Registered	Agent	
	or realist and the second		81	Name					
SPACCIO, ROCCO 1341-B BEDFORD DR			82	Street	Addre	ss (P.O. Box Number is Not Acc	eptable)		
MELBOURNE FL 32940			83						
•								85 Zip C	'odo
			84	City			FL	_   <b>85</b>   Zip C	Jode
agent. I a	to the provisions of Sections 607.050 ggistered agent, or both, in the State on familiar with, and accept the obligation of the state of familiar with and accept the obligation of the state of the sta	nt and title if applicable (NOTE: R	egistered Age			when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		0	ADDITIONS/CHANGES TO	OFFICERS A	Change	Addition
TITLE	D DELETE		1.1 TITLE		0.	resident carrie		Change	
NAME	SPACCIO, ROCCO L		1.2 NAME		12	eco L. Spaccio 41-6 Bedford D	rive		
STREET ADDRESS	100 RIALTO PLACE SUITE 505								
CITY-ST-ZIP	MELBOURNE FL 32901				h k	albourne, Fr 3	<u>2790</u>		
TITLE	VP ☐ DELETE		2.1 TITLE					☐ Change	☐ Addition {
NAME	GALLO, GINA M		2.2 NAME						1
STREET ADDRESS	1341-B BEDFORD DRIVE		2.3 STREET ADDRESS						ļ
CITY-ST-ZIP	MELBOURNE FL 32940		2. 4 CITY-ST-ZIP			·	-	<del></del>	
TITLE	☐ DELETE		3.1 TITLE	. 3.1 TITLE				Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	TADDRESS					1
CITY-ST-ZIP			34 CITY-S	ST-ZIP					
TITLE	☐ DELETE		4.1 TITLE	4.1 TITLE				Change	☐ Addition
NAME	Į.		4. 2 NAME					•	
STREET ADDRESS	4.3		4.3 STREE	TADDRESS					Ì
CITY-ST-ZIP			4.4 CITY-S	T-Z <b>!</b> P					
TITLE	☐ DELETE 5.11		5.1 TITLE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY- S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	TADDRESS					ļ
CITY-ST-ZIP			6.4 CITY-S	T- 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 of 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:

SIGNATURE AND TYPED OR PRINTED, NAME OF SIGNING OFFICER OR DIRECTOR

407-242-8200