**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90206 001 \*\*\*150.00

## 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

## DOCUMENT # P93000024690

1. Corporation Name

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NILL AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address			
1800 N. BAYSHORE DRIVE	1800 N. BAYSHORE DRIVE			
85	B5 Miami Fl 33132		DO NOT WRITE IN THIS SPACE	
MIAMI FL 33132   US	MIAMI FL 33132 US		3. Date Incorporated or Qualifed	
	•		04/01/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For	
21	26		65-0402501 Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required	
City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
23	28		Trust Fund Contribution Added to Fees	
Zip Country	Zip	Country	8. This corporation owes the current year Intangible	
24 25	29 3	0	Personal Property Tax. Yes VNo	
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
VICTOR D. NILL 1800 N. BAYSHORE DRIVE, #B5 MIAMI FL 33132		81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83		
HIN WILL DO LOC				
		84 City	FL 85 Zip Code	
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligate.	of Florida. Such change was aut	norized by the corp	corporation submits this statement for the purpose of changing its registered location's board of directors. I hereby accept the appointment as registered	
SIGNATURE Signature, typed or printed name of registered agen	and title if applicable (NOTE: F	Registered Agent signature	required when reinstating) DATE	
12. OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME NILL, VICTOR D		1.2 NAME		
STREET ADDRESS 1800 N BAYSHORE DR #85		1.2 HOUNE	]	
		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI BEACH FL			Change Addition	

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

DELETE

DELETE

DELETE

6.4 CITY-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: Viela O. Mill	VictoRD, NILL	3/1/99	(305) 371-515
SIGNATURE AND TYPED OR PRINTED NAME OF SU	GNING OFFICER OR DIRECTOR	Date	Daytime Phone #

Change

Change

Change

Change

Addition

☐ Addition

Addition

\_\_\_ Addition