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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037695 (2)

NP INVESTMENTS, INC.

Principal Place of Business

Mailing Address

FILED Jan 29 1998 8:00am Secretary of State



7439 E HILLSBOROUGH AVE 7439 E HILLSBOROUGH AVE TAMPA FL 33610 TAMPA FL 33610 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/26/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3185467 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEVY, BUDDY J 7439 E HILLSBOROUGH AVE Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33610** 83 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition CLARE, JIM R NAME 1.2 NAME 7439 E HILLSBOROUGH AVE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33610 1.4 CITY-ST-ZIP CITY - ST - ZIP ___ DELETE TITLE Change 2.1 TITLE Addition LEVY, BUDDY J NAME 2.2 NAME 7439 E HILLSBOROUGH AVE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33610 CITY-ST-ZIP 2. 4 CITY - ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change 61 TM F Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 of charged, or on an attachment with an address.

SIGNATURE:

PS DECUIRED

171-9

(813)623-354<u>3</u>

CR2E034 (10/97)