Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90147 015 ***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 # DOC

1. Corporation	NATIONAL CORP.)44 <i>7</i> 34			
1	•				
Principal Place of Business Mailing Address				3 10051000 160 10100 \$1151 00111 00116 TO161 00	\$31 019 16 01031 1 0000 \$1151 0101 1 03 1
1855 GRIFFIN RD 1855 GRIFFIN RD					
SUITE B476 SUITE B476				DO NOT WRITE IN TH	IIC CDACE
DANIA FL 3300		Dania FL 33004		3. Date Incorporated or Qualifed	IIO OFACE
				06/24/1993	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0460427	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	9	City & State	•	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 3	Country	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☑ No
24	9. Name and Address of Current I			10. Name and Address of New Registere	d Agent
			81 Name		_
GREENBERG, JANET			Address (P.O. Box Number is Not Acceptable)		
1833 GRIFFIN RU					
SUITE B476 DANIA FL 33004					
}	A 1 L 00004		84 City	F	85 Zip Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named c	paragration submits this statement for the nurnose	of changing its registered
l office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	horized by the corpor	ration's board of directors. I hereby accept the app	pointment as registered
-	m lamiliar with, and accept the obligation	113 OI, Section 607.0303, 1 long	a Cialdies.		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Agent signature rec	quired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
TITLE	D COSTANDEDO MANEZ	☐ DELETE	1.1 TITLE		☐ change ☐ Addison
NAME	GREENBERG, JANET		1.2 NAME		
STREET ADDRESS	1855 GRIFFIN RD SUITE B476		1.3 STREET ADDRESS		*
CITY-ST-ZIP TITLE	DANIA FL 33004	☐ DELETE	1.4 CITY-ST-ZIP	VPT	Change Addition
NAME		C. DELLE	2.2 NAME	Turner Stephen	· · · · ·
STREET ADDRESS	,		2.3 STREET ADDRESS	Turner Stephen 1855 Griffin Rd 8476 Dania FL 33004	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Dania FL 33004	
TITLE	<u> </u>	☐ DELETE	3.1 TITLE		Change Addition
NAME	·		3.2 NAME		
STREET ADDRESS	• •	ř	3.3 STREET ADORESS		,
CITY-ST-ZIP			3.4. CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	4.1 TITLE	,	☐ Change ☐ Addition
NAME	•		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Class ste	4.4 CITY-ST-ZIP		Change Addition
ITTLE	. ·	☐ DELETE	5.1 TITLE 5.2 NAME		Change Addition
NAME	r		5.2 NAME 5.3 STREET ADDRESS	•	•
STREET ADDRESS	•		5.4 CITY-ST-ZIP		•
CITY-ST-ZIP		□ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
NAME STREET ADDRESS	•	•	6.3 STREET ADDRESS		

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 eceiver 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 accadence, with all other like empowered.

SIGNATURE

STREET ADDRESS