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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P93000049551**1. Corporation Name

Principal Place of Business

NRJ CORPORATION

1116 W. BROW		ET LAUDCO							
FT. LAUDERDAL	E FL 33312	FT. LAUUEN	DALE FL 33312			DO NOT WRITE IN	THIS SPACE		
•						3. Date Incorporated or Qualifed			
		•				07/15/1993			
2. Principal Pl	ace of Business	2a. Mailing	Address			. 4. FEI Number		pplied For	2
24		26				65-0423125		ot Applicable	ď
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.	"		5. Certifcate of Status Desired	\$8.75	Additional	į. į
22		27				5. Certificate of Status Desired	Fee F	lequired	
City & State	e	City & S	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 y		_	
24	25	29	30	0		Personal Property Tax.	Yes	□No	
	9. Name and Address of Curr					10. Name and Address of New Regis	stered Agent		
		TO SERVICE TO	M M	81	Name			,	
	ES, JOHN R			82	Street Add	ress (P.O. Box Number is Not Acceptable)		<del>;</del>	
	W. BROWARD BLVD.					द्रानाम <b>रह</b> क्षा ता ते हुन बाल्का कार्य सकार हरा	te agric known laying for	12 72-12 12/14 18/21	
· F1. L	AUDERDALE FL 33312			83		17. 17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19			
• •				84	City	2 31 5 41 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zir	Code	
				.   -			FL		
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.11., Pursuant	to the provisions of Sections 607.0	0502 and 607.1508,	Florida Statutes,	, the above	e-named corp	poration submits this statement for the purp	annointment as i	s registered	
` office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	חחוור בחוחחו זה סוב	change was alum	nonzeo ov	me corporati	poration submits this statement for the purp ion's board of directors. I hereby accept the	appointment as	egistered egistered	
office or n agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the obl	חחוור בחוחחו זה סוב	change was alum	nonzeo ov	me corporati	poration submits this statement for the purp ion's board of directors. I hereby accept the	e appointment as	egistered	
` office or r	anictored agent or both in the Sta	ate of Florida, Such ligations of, Section	607,0505, Florida	la Statutes	the corporation	and when reinstating). $j$	DATE	·	í
office or n agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered	ate of Florida, Such ligations of, Section	607.0505, Florida	la Statutes	the corporation	on's board of directors. Thereby accept the	DATE ERS AND DIRECT	ORS IN 12	3000
office or n agent. I as SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered	ate of Florida. Such ligations of, Section agent and title if applicable.	607,0505, Florida	a Statutes	the corporation	and when reinstating). $j$	DATE	ORS IN 12	1,52,52,000
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**建物数据 电控制器 19** 19 19 19 19 19

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

**FILED** 

Feb 03, 1999 8:00am

**Secretary of State** 

02-03-1999 90015 035 \*\*\*150.00