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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000059582

1. Corporation Name

NED ENTERPRISES INC

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90142 007 ***150.00

Principal Plac	ce of Business	Mailing	Address					MB:81 B 118 (B 81	14100 40310 1104 1004
1701 SW 5 ST 1701 SW 5 ST									
FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312							DO NOT WRITE IN	THIS SPACE	
							3. Date Incorporated or Qualifed		
1							08/25/1993		Ļ
2. Principal P	Place of Business	2a. Mai	ling Address			_	4. FEI Number		Applied For
⊢ `	et a gara :	- 26		_			65-0433933	احامدر ــ	Not Applicable
Suite, Apt.			e, Apt. #, etc.				_	\$8.7	5 Additional
22		27	_				5. Certifcate of Status Desired	Fee	Required
City & Stat	te	City	& State				6. Election Campaign Financing	\$5.0	00 May Be
23		28					Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip	,	Coun	try		8. This corporation owes the current ye		
24	25	29		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Cu	ırrent Registered	l Agent		81		10. Name and Address of New Regist	ered Agent	
TUE	LAW FIRM LAWRENCE J SF	DIEGEL CHADT	EDEN]	81	Name			}
	ALMERIA AVE	PIEGEL, GHANI	CNCU	ħ	82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	RAL GABLES FL 33134			\ -					
COF	TAL CADLES FL 33134				83		,		į
				Ī	84	City		FL 85 2	ip Code
44 0:::::::::::::::::::::::::::::::::::	the the previous of Continue CO7	7 0502 and 607 15	IOS Elezida Statuta	e the ab		named co	rporation submits this statement for the purpo	se of changing	its registered
office or a	registered agent, or both, in the S	State of Florida. St	uch change was au	uthorized	by tr	he corpora	tion's board of directors. I hereby accept the	appointment a	registered
agent, i a	arn familiar with, and accept the ol	bligations of, Sect	ion 607.0505, Flor	rida Statu	los .				
_	•	-	, ,						
SIGNATURE						eignature redu	ired when rejustation)	TE	
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applic	zble. (NOTE:	Registered /		signature requi	ized when reinstating) ADDITIONS/CHANGES TO OFFICEF		CTORS IN 12
SIGNATURE	Signature, typed or printed name of registere OFFICERS		zble. (NOTE:		Agent :	signature requi			
SIGNATURE 12. TITLE	Signature, typed or printed name of registere OFFICERS	ed agent and title if applic	zbłe. (NOTE:	Registered A	igent :	signature requi		S AND DIREC	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registere OFFICERS PST GERTZ, KIMBERLY	ed agent and title if applic	zbłe. (NOTE:	13. 1.1 TITL 1.2 NAM	Agent :	signature requi		S AND DIREC	
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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.

SIGNATURE:

NARE REQUIRED