


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

FILED

**May 08 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000066892 (9)
 1. Corporation Name
NANADO CORP.



Principal Place of Business 100 S.E. 1ST AVENUE BAY 29 BOCA RATON FL	Mailing Address 190 S.E. 1ST AVENUE BAY 29 BOCA RATON FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 190 S.E. 1ST AVENUE		2a. Mailing Address 190 S.E. 1ST AVENUE	
Suite, Apt. #, etc. SUITE # 29		Suite, Apt. #, etc. SUITE # 29	
City & State BOCA RATON, FL		City & State BOCA RATON FL	
Zip 33432	Country U.S.A	Zip 33432	Country U.S.A

3. Date Incorporated or Qualified 09/24/1993	4. FEI Number 65-0447518	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
~~POPRIN & SHURPIN, P.A.
 2499 GLADES ROAD
 SUITE 114
 BOCA RATON FL 33431~~ **DELETE**

10. Name and Address of New Registered Agent	
B1 Name NANCY LUCAS	B2 Street Address (P.O. Box Number is Not Acceptable) 190 S.E. 1ST AVE, SUITE 29
B3	B4 City BOCA RATON
B5 Zip Code FL 33432	

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 Nancy Lucas President DATE **4/24/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUCAS, NANCY		
STREET ADDRESS 190 S.E. 1ST AVENUE, SUITE BAY 29		
CITY-ST-ZIP BOCA RATON FL 33432		
TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
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 reports 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.

SIGNATURE Nancy Lucas DATE **4/5/98** **561-395-4007**

2E034 (10/97)