Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90045 044 ***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 # P9300074589

1. Corporation J. J. NAS	SCA ENTERPRISES, INC	01 1000			
Principal Place of Business Mailing Address					I (SDILE) HA (SIA) WITH SOUTH SELLY COME (SOUTH COME STATE) SHOW THIS PARK COME
4515 N DIXIE HWY FT LAUDERDALE FL 33334 4515 N DIXIE HWY FT LAUDERDALE FL 33334					
					DO NOT WRITE IN THIS SPACE
					3. Date incorporated or Qualifed 10/20/1993
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					65-0445524 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22					5. Certifcate of Status Desired \$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 25	Zip	Country 30		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ♣No
27)	9. Name and Address of Curren				10. Name and Address of New Registered Agent
		<u> </u>	81	Name	10
NASCA, JACK 4515 N DIXIE HWY FT LAUDERDALE FL 33334			82	Street Address (P.O. Box Number is Not Acceptable)	
			83	1	·
			84 City		
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statute: of Florida. Such change was au tions of, Section 607.0505, Flori	s, the abov thorized by da Statutes	e-name the cor	ed corporation submits this statement for the purpose of changing its registered imporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					<u> </u>
	Signature, typed or printed name of registered ager		Registered Age	nt signature	are required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D OFFICERS AN				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		□ occeic	1.1 TITLE 1.2 NAME		
NAME	AFAF AL POVIE LEADY			TADDRES	ce
			1.4 CITY-ST-ZIP		30
CITY-ST-ZIP	A LONG TO THE PARTY OF THE PART		2.1 TITLE	31-21	Change Addition
NAME		22			
STREET ADDRESS	•		1	TADORES	ss
CITY+ST-ZIP	Tel Tradicad		2.4 CITY-		
TITLE		☐ DELETE	3.1 TITLE	- : <u> : :</u>	☐ Change ☐ Addition
NAME			3.2 NAME		· · ·
STREET ADDRESS	·		3.3 STREE	TADDRES	ss
CITY-ST-ZIP	· ———		3.4. CfTY-		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS				TADORES	28
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	Change (7 sadistra
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME .			5.2 NAME		
STREET ARCHESS			5.3 STREE	TADDRES	.SS (

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 upplied by an animal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an not true being or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or an attack ment with an address, with all other like empowered. 14. I hereby certify that the information sup-indicated on this annual report or suppl officer or director of the corporation of Block 12 or Block 13 if changey of or

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY+ST+ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

☐ Addition