03-01-1999 90050 034 \*\*\*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 # **P9400001963**

1. Corporation Name

NPR (NV	ESTMENTS, INC.					
Data da al Disa		Mailing Address		I (ESINEEN NO ISAN) BIRN DÉRN SENT SOUR DONN DI	[B1  1019   10118   01580   1115   1081	
Principal Plac		Mailing Address				
2600 LOOP RD 6316 TIMCUNANS DRIVE AUBERNDALE FL 33823 LAKELAND FL 33813						
US US			DO NOT WRITE IN THIS :	SPACE		
				3. Date Incorporated or Qualifed 01/10/1994		
2. Principal P	lace of Business	2a. Mailing Address	<del></del> .	4. FEI Number	Applied For	
21		26		59-3222541	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certifcate of Status Desired	Fee Required	
City & Stat	te	City & 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 year Inta	ngible	
24	25	29	30	r orderiar i reporty i and	□Yes □No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered A	gent	
DAT	EL NIII E011		81 Name	•		
PATEL, NILESH 6316 TIMUCUANS DRIVE LAKELAND FL 33813			82 Street Add	t Address (P.O. Box Number is Not Acceptable)		
LAN	ELAND FL 33813		83	٠		
			84 City	Same and Same and the same of	85 Zip Code	
11 Durawant	to the provisions of Sections 607.05	502 and 607 1508 Etorida Statute	s the above-named corr	poration submits this statement for the purpose of o	hanging its registered	
office or i	registered agent, or both, in the Stat im familiar with, and accept the obliq	te of Florida. Such change was au	ithorized by the corporati	ion's board of directors. I hereby accept the appoin	ment as registered	
SIGNATURE				red when reinstating) DATE		
12.	Signature, typed or printed name of registered a	gent and title if applicable (NOTE: AND DIRECTORS	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	ADDITIONO/OTHER DESIGNATION	☐ Change ☐ Addition	
	PATEL, NILESH	_ occete	1.2 NAME	•		
NAME	6316 TIMUCUANS DRIVE					
STREET ADDRESS	LAKELAND FL 33813		13 STREET ADDRESS			
CITY-ST-ZIP	VP		1.4 CITY-ST-ZIP 2.1 TITLE	<u> </u>	Change	
TITLE	PATEL, RAJESH	- Deterie			<b>A</b>	
NAMÉ	77 ORTLEY CT		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	MATAWAN		
CITY-ST-ZIP	MACAWAN NJ 07747	DELETE	2.4 CITY-ST-ZIP	PINTADAV	☐ Change ☐ Addition	
TITLE	1 **	□ pere≀e				
NAME	PATEL, MANISHA 2600 LOOP RD		3.2 NAME	•		
STREET ADDRESS	AUBERNDALE FL 33823		3.3 STREET ADDRESS	•		
CITY-ST-ZIP	AUDENIVOALE FL 33023		3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition	
TITLE		E pereie		·		
NAME			4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS						
CITY OF YID			4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change . ☐ Addition	
CITY-ST-ZIP			5.2 NAME			
TITLE			<b>1</b> 3.2			
TITLE NAME			5.3 STREET ADDRESS			
TITLE NAME STREET ADDRESS	1		5.3 STREET ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DE(ETE	54 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	54 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	54 CITY-ST-ZIP		☐ Change ☐ Addition	

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 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 organ attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

212238-9469