PROFIT CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Mar 04, 1999 8:00 am Secretary of State

Manager,

03-04-1999 90038 006 \*\*\*150.00

<b>DOCUMENT#</b>	P94000021343
Corporation Name	101000021010

NISA MANAGEMENT COMPANY INC.

Principal Place of Business 846 NORTH HARBOR CITY BLVD. MELBOURNE FL 32935

MELBORNE FL 32905

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Mailing Address

846 NORTH HARBOR CITY BLVD. MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/14/1994 Applied For 4. FEI Numbe 2. Principal Place of Business 2a. Mailing Address 59-3237058 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State 5. Election Campaign Financing \$5.00 May Be City & State

Added to Fees Trust Fund Contribution -- Country 8.-This corporation owes the current year intengible-□No ☐ Yes 30 Personal Property Tax. 25 29 24

9. Name and Address of Current Registered Agent SAEED, MUHAMMAD 5100 WOODLAKE DR.

l	10. Name and Address of New Registered Agent					
81	Name					
82	Street Address (P.O. Box Number is Not Acceptable)					
83	•					
84	City E1 85 Zip Code					

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.

TITLE  NAME  SAEED, MCHAMMAD  12 NAME  STREET ADDRESS  CITY- ST-ZIP  MELBOURNE FL  1.4 CITY- ST-ZIP  TITLE  VPD  AKHTER, MCHAMMAD NAEEM  STREET ADDRESS  CITY- ST-ZIP  MELBOURNE FL  22 NAME  22 NAME  STREET ADDRESS  CITY- ST-ZIP  MELBOURNE FL  DELETE  3.1 TITLE  NAME  3.2 NAME  3.3 STREET ADDRESS  CITY- ST-ZIP  TITLE  AMELBOURNE FL  Change  AM		Signature, typed or printed name of registered agent and title if applicable	. (NOTE: Re	egistered Agent signature n		
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CITY-ST-ZP  6.4 CITY-ST-ZP  6.4 CITY-ST-ZP  6.4 CITY-ST-ZP  6.4 CITY-ST-ZP  1.4 L becable certify that the information subsplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information stated in Section 119.07(3)(i).	CITY-ST-ZIP	ZDP				

and the first state of the second this report as regalized by Organize 607, Florida Statutes, further certify that he informed to state of the second that my signature, shell have the same legal effect as if made under oally that I am an accordance to execute this report as regalized by Organize 607, Florida Statutes; and that my name appears in nerecy ceruly that the information supplier indicated on this annual report or supplier officer or director of the corporation or the Block 12 or Block 13 in changed, or on an

SIGNATURE:

CR2E034 (11/98)