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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000035251 (5)

1. Corporation Name
NITELINES USA, INC.



Principal Place of Business
1885 NORTHWOOD BLVD., SUITE 2
TALLAHASSEE FL 32303

Mailing Address
1885 NORTHWOOD BLVD., SUITE 2
TALLAHASSEE FL 32303-4777

3. Date Incorporated or Qualified 05/10/1994
3a. Date of Last Report 08/23/1996

2. Principal Place of Business
21 1241 W. Tharpe St.

2a. Mailing Address
26 1241 W. Tharpe St.

4. FEI Number 59-3246289
Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 Suite 10

27 Suite 10

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

City & State

City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

23 Tallahassee, FL

28 Tallahassee, FL

Zip 32303-4777

Country Leon

Zip 32303-4777

Country Leon

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGLOCKTON, H.L. III
1885 NORTHWOOD BLVD., SUITE 2
TALLAHASSEE FL 32303

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1241 W. Tharpe St. Suite 10

83

84 Tallahassee

FL

85 32303-4777

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BROXTON, ALFONSO
STREET ADDRESS 1926 NEKOMA COURT
CITY-ST-ZIP TALLAHASSEE FL 32301

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME MCGLOCKTON, H.L. III
STREET ADDRESS 1220 STONE GREEN
CITY-ST-ZIP TALLAHASSEE FL 32303

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME MCGLOCKTON, MICHAEL
STREET ADDRESS 1926 NEKOMA COURT
CITY-ST-ZIP TALLAHASSEE FL 32301

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)