

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

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90026 048 ***150.00

DOCUMENT # P94000041985

1. Corporation Name
NACON CORPORATION

Principal Place of Business

ONE S.E. 3RD AVE.
SUITE 1400
MIAMI FL 33131

Mailing Address

ONE S.E. 3RD AVE.
SUITE 1400
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1994

4. FEI Number

65-0504140

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2130
City & State

27 Suite 2130
City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COPROLITE CORPORATION
ONE S.E. 3RD AVE.
SUITE 1400-A
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite 2130

84 City

FL

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.

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 PD ☐ DELETE

NAME MURPHY, PATRICK
STREET ADDRESS ONE S.E. 3RD AVE., #1400
CITY-ST-ZIP MIAMI FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

One Southeast Third Avenue, Suite 2130

TITLE VT ☐ DELETE

NAME JACKSON, CARLA C
STREET ADDRESS ONE S.E. 3RD AVE., #1400
CITY-ST-ZIP MIAMI FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

One Southeast Third Avenue, Suite 2130

TITLE S ☐ DELETE

NAME CALVERT, YVONNE
STREET ADDRESS 1 SE 3RD AVE STE 1400
CITY-ST-ZIP MIAMI FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

One Southeast Third Avenue, Suite 2130

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

Yvonne Calvert, Secty 3/26/99 305-377-9353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)