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 # P9400053665

NUWIN DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90029 014 ***150.00



BOCA RATON		1351 S.W. 4TH COURT BOCA RATON FL 33432					
					DO NOT WRITE IN TH	IS SPACE	
					 Date Incorporated or Qualifed 07/20/1994 		
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address		4, FEI Number		Applied For
21		26	26		65-0512235	⊢ -f	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Additional
22			27		5. Certifcate of Status Desired		Required
City & State		City & State	City & State		6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country Zip Co		Country	,	8. This corporation owes the current year li		101003
24	25 29 30				Personal Property Tax.	Yes	□No
	9. Name and Address of C	Current Registered Agent		···	10. Name and Address of New Registered		
AU 17	70 MADY		81	Name		· · · · · · · · · · · · · · · · · · ·	
	ZO, MARK						
1351 S.W. 4TH COURT			82	Street Add	dress (P.O. Box Number is Not Acceptable)		7
BOC	CA RATON FL 33432		83				
							ļ
			84	City		85 Zip	Code
11. Pursuant	to the provisions of Sections 60	7 0502 and 607 1508 Florida Statuta	- 4h h - · ·		FI		
office or r	egistered agent, or both, in the	State of Florida. Such change was au	thorized by	named con the corporati	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	f changing its	s registered
agent. ra	m tamiliar with, and accept the	obligations of, Section 607.0505, Flori	ida Statutes		and a substant manage descript the appe	manent as re	agiatei eu
SIGNATURE					•		j
12.	Signature, typed or printed name of register			t signature require	ed when reinstating) DATE		
TITLE	D	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
	NUZZO, MARK	☐ DELETE	1.1 TITLE		,	☐ Change	☐ Addition
NAME			1.2 NAME				
STREET ADDRESS	1351 S.W. 4TH COURT		1.3 STREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 C/TY-ST	-ZIP			
TITLE	ST	DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	NUZZO, JOSEPH		2.2 NAME		".		_ [
STREET ADDRESS	1351 SW 4TH COURT		2.3 STREET	ADDRESS	i		İ
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-ST	- ZIP	1		[_
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME		·	□ ovidingo	L.J Addition
STREET ADDRESS			3.3 STREET	ADDRESS			}
CITY-ST-ZIP			3.4. CITY-ST		•		}
TITLE	[3]		4.1 TITLE	-214			
NAME		<u> </u>	4. 2 NAME			☐ Change	☐ Addition
STREET ADDRESS					,		į
City-st-zip			4.3 STREET				,
TITLE		☐ DELETE	4.4 CITY-ST-	ZIP		70	
VAME		C) DECETE	5.1 TITLE		· ·	Change	☐ Addition
i			5.2 NAME				
STREET ADDRESS			5.3 STREET A	•			1
CITY-ST-ZIP			5.4 CITY-ST-	ŻIP			
TILE		☐ DELETE	6.1 TITLE		***	☐ Change	Addition
IAME			6.2 NAME				
TREET ADDRESS			6.3 STREET A	DORESS	•		J
ITY-ST-ZIP			6.4 CITY-ST-	ZIP			ļ

Thereby 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.