## 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 # P94000078128

THE NATION GROUP, INC.

Principal Place of Business

Mailing Address

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

03-04-1999 90209 009 \*\*\*150.00



14711 SW 155 1 MIAMI FL 33187		14711 SW 155 TER MIAMI FL 33187			DO NOT WRITI	E IN THIS SPACE	
					3. Date incorporated or Qualifed 10/24/1994		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	<b>-</b> -	Applied For
21 13899 BISCAYNE TOUD 26 13899 BISCAYNE BUD Suite, Apt. #, etc.					<u>() 65-0544767</u>		Not Applicable Additional
27 /07				5. Certificate of Status Desired	Fee I	Required	
City & State  City & State  City & State  28 N. MIAMI BOACH  REPORT TO THE COLUMN BOACH  CITY & State  CITY & STAT				- FL	6. Election Campaign Financing Trust Fund Contribution	Adde	0 May Be d to Fees
Zip F 3?	3181 25 USA	<sup>Zip</sup> 29 <b>33181</b> 3	Country C	15A-	This corporation owes the curre     Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	egistered Agent	
NATION, RICHARD L						. <u></u>	
14711 SW 155 TER				82 Street Address (P.O. Box Number is Not Acceptable)			
MIAN	II FL 33 10/		83				{
			84	City		FL   T	p Code
SIGNATURE	11/1	- RICHARD	$C \cdot N / r$	470N	poration submits this statement for the pion's board of directors. I hereby accept   Messian Description of the pion's board of directors. I hereby accept   Messian Description of the pionistating of the pionistation of the pi	the appointment as	registered
12.	Signature, type or printed name of registered a	AND DIRECTORS	13.	signature require	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	TORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		700110101010101010101010101010101010101	☐ Chang	
NAME	NATION, RICHARD L		1.2 NAME				.
STREET ADDRESS	14711 SW 155 TER		1,3 STREET A	ADDRESS			ĺ
CITY-ST-ZIP	MIAMI FL 33187		1.4 CITY-ST-	ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Chang	e
NAME			2.2 NAME	_	والمحارفين والمتاريخ والمتأثر لمسا	_* ~ ·	
STREET ADDRESS	2.33		2.3 STREET	ADDRESS			ĺ
CITY-ST-ZIP			2.4 CITY-ST	-ZIP			
TITLE			3 1 TITLE			. Chang	e Addition
NAME			3.2 NAME				)
STREET ADDRESS			3.3 STREET A	ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST	-ZIP			
TITLE	DELETE 4.1 T		4.1 TITLE			☐ Chang	e 🗌 Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-	ZIP			
TITLE			5.1 TITLE			☐ Chang	e
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS	·		
CITY-ST-ZIP			5.4 CITY-ST-	ZIP			
TITLE		☐ DELETE	6.1 TITLE	<u> </u>		☐ Chang	e
NAME			6.2 NAME				{
1			6.3 STREET A	ADDRESS			ļ
STREET ADDRESS			C 4 OFD/ OT	710			ì

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 of 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 from a partition with an address, with all other like empowered.

SIGNATURE: