PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000009419

May 03, 1999 8:00 am Secretary of State

05-03-1999 90061 040 ***150.00

NATION	AL HOME	MINDERS, INC.	•									
Principal Place	e of Busines		Ma	iling Address			<u> </u>		I JÜÜLTÜÜL SIN TÜINI BILLI ORINI AO	let ha en aa ne a	a nna heam ann	AL SIDIO IOIL IOUS
46 N WASHINGTON BLVD #1 109 OVERLEA WAY VENICE FL 34292									DO NOT WRI	TE IN THIS	SPACE	
								-	3. Date Incorporated or Qualifed			
								ļ	01/31/1995			ļ
2. Principal Pl	lace of Busin		2a.	Mailing Address					4. FEI Number		. A	pplied For
21			26	-					65-0565556		_ N	lot Applicable
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc	<u></u>				5. Certifcate of Status Desired			Additional ====================================
City & State			- 21	City & State					6. Election Campaign Financing		\$5.00	May Be
23			28	⊢ ′				[Trust Fund Contribution Added to Fees			
Zip		Country		Zip		ountry			8. This corporation owes the curre	ent year Inta		erræk.
24		25	29		30	,			Personal Property Tax.		☐ Yes	No
	9. Name	and Address of Curr	rent Regist	tered Agent		81	Name		10. Name and Address of New R	egistered /	Agent	
PATI	ERSON, JO)HN					Name					
		STON BLVD #1					Street /	et Address (P.O. Box Number is Not Acceptable)				
	ASOTA FL											
						84	City				85 Zip	Code
1							1		ation submits this statement for the	<u>FL</u>		
office or n agent. I a	egistered ag ım familiar w	ent, or both, in the Sta ith, and accept the obli	ate of Florid igations of	a. Such change v	was authorize 5. Florida Sta	ed by	the corpo	oration'	's board of directors. I hereby accep	t the appoir	ntment as r	egistered
SIGNATURE		or printed name of registered a		·	(NOTE: Registere				rhen reinstating)	DATE		
}			agent and title it	f applicable.	(NOTE: Registere	ed Agen				DATE	D DIRECT	ORS IN 12
SIGNATURE	Signature, typed	or printed name of registered a	agent and title it	f applicable.	(NOTE: Registere	ed Agen			rhen reinstating)	DATE		ORS IN 12
SIGNATURE	DC MCGIFFE	OFFICERS N, JOHN W.	agent and title it	f applicable.	(NOTE: Registere 13 TE 1.11	ed Agen			rhen reinstating)	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE	DC MCGIFFE 109 OVE	or printed name of registered a OFFICERS EN, JOHN W. RLEA WAY	agent and title it	f applicable.	(NOTE: Registere 13 TE 1.11 1.21	ed Agen			rhen reinstating)	DATE	D DIRECT	ORS IN 12
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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 attrictment with an address with all other like empowered.

SURED SIGNING OFFICER OF DIRECTOR