FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P95000022515

1. Corporation Name

Nord ctac Enterorises INC

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90068 049 ***150.00

Nordstar Enterpris	SES, LNC.		* 3 2 6 9008 - 326005 - 90068 -	. 10 5 ★		
			326003 - 90008 -		/	
Principal Place of Business	Mailing Address	i c+				
525 Cornwall Ct.	525 Cornwal					
Longwood FL 32750 Longwood, FL 32750			DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE		
U . U				Date Incorporated or Qualifed		
			March 20 1995			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Appli	ied For	
21 =	26		59-3302708		Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Add		
22	27		5. Certifcate of Status Desired	Fee Requ		
City & State	City & State		6. Election Campaign Financing	\$5. 00 м	lav Re	
23	28		Trust Fund Contribution	Added to I	•	
Zip Country.	Zip	Country	8This corporation owes the current year	r Intangible		
24 25	29	30	Personal Property Tax.		No	
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	red Agent		
Alberto last wea		81 Name	Richard Plank	- TT		
Albert R. Lashinger 1330 Arden St.		82 Street	AiChAra F. LAShings Address (P.O. Box Number is Not Acceptable)	R II		
1330 Arden St.		52	5 Corrwall Ct.			
languaged El 22200		83				
Langwood, FL 32750		24 00		T-1 7: 0:	4-	
•		84 City	Longwood F	-L 85 Zip Cod	ge 150	
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.						
		TREAS. R	ichard P. Lash Nagea II 4/8	2100	.	
SIGNATURE Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	tegistered Agent signature re	equired when reinstating) DATE	2]]]	— I,	
12. OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 12	
TITLE President	DELETE	1.1 TITLE	President	☐ Change	Addition	
NAME Albert R. Lashing	EQ_	1.2 NAME	JANISE LAShingER		-	
STREET ADDRESS 1336 Arden Street	 -	1.3 STREET ADDRESS	1330 ArdEN StrEET			
CITY-ST-ZIP Languard, FL 327	150	1.4 CITY-ST-ZIP	LONGWOOD FL 32750			
TITLE J	☐ DELETE	2.1 TITLE	SECT. /TREAS.	Change	Addition	
NAME		2.2 NAME	Richard P. LashingER		,	
STREET ADDRESS		2.3 STREET ADDRESS	525 Cornwall Ct.	CALLEY	i†	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	Languered FL 32750			
TITLE	☐ DELETE	3.1 TITLE	3	☐ Change	Addition	
NAME		3.2 NAME				
STREET ADDRESS	_ _	3.3 STREET ADDRÉSS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition	
NAME		4. 2 NAME			_	
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE		☐ Change	Addition	
NAME	_	5.2 NAME			_	
STREET ADDRESS		5.3 STREET ADDRESS				
		5.4 CITY-ST-ZIP			j·	
C/TY-ST-ZIP TITLE	T) DELETE	6.1 TITLE		Change	Addition	
NAME :	ب محدد	6.2 NAME		T		
STREET ADDRESS		6.3 STREET ADDRESS				
OTTACE PRODUCED						

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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

TED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 339-8714

Daytime Phone #