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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9500032857

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90026 010 ***150.00



.N.I.R.1, INC.	

\$4-90 Addison				- 1 tablings life (bib) bitti mutt mettr narr datan enta tibbi carat eterr case can						
Principal Place of Business Mailing Address										
774 PASADENA LONGWOOD FL		774 PASADENA AVENUE LONGWOOD FL 32750				DO NOT WRITE IN THIS	SPACE			
						3. Date Ir corporated or Qualifed 04/25/1995				
2. Principa Pl	ace of Business	2a. Mailing Address				4. FEI Number			Aprilled For	
		26			59-3313480			Not Applicable		
		Suite, Apt. #, etc.	<u> </u>					\$8.75 Additional		
22		27	⊢		5. Certifc ite of Status Desired Fee Recuired			aired		
City & State		City & State		6. Election Campaign Financing S5.00 May Be			av Be			
23		28		Trust Fund Contribution Added to Fees						
		Zip				8. This corporation owes the current year into	ngible			
24	25	29	30			Persor al Property Tax.	Yes	1]No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registers d	gent			
				81	Name					
	es, norman v		1	82	Street Ar d	iress (P.O. Bo> Number is Not Acceptable)				
774	Passadena ave.			اء"	Sileet At G	ress (r.o. box rumber is not receptable)			1	
LON	GWOOD FL 32750		Ì	83						
				84	City		85	Zip Co		
					City	FL				
office or re	to the provisions of Sections 607,050: egistered agent, or both, in the State in familiar with, and accept the obligat	∈f Florida. Such change was :	authorized	by th	named corp he corporati	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	mangin tment a	g its re is regis	egisterea stered	
SIGNATUF:E	Signature, typed or printed as me of registered agen	and title if applicable (NOT	: Registered /	Agent :	signature reg in	ed when reinstating) DATE				
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	DIRE	CTOR	S IN 12	
TITLE	D	☐ DELETE	1 1 TIT	LE			Cha	nge	Addition	
NAME	JONES, NORMAN V		1.2 NA	ME						
STREET ADDRESS	774 PASADENA AVENUE		13 ST	REET A	ADDRESS					
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CIT		ļ					
TITLE	EGNANO OB 1 E GENO	☐ DELETE	2.1 TIT		-		Cha	nge	Addition	
			2 2 NA							
NAME					ADDRESS					
STREET ADDRESS			- 1		ľ					
CITY-ST-ZIP		DELETE	2. 4 CI		-ZIP		[] Cha	nge	Addition	
TITLE		<u></u>	3.2 NA					-	_	
NAME			8		ADDRESS					
STREET ADDRESS					1					
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TITLE		Detter	4. 2 NA					•	- 1	
NAME					ADDRESS					
STREET ADDRESS										
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE		-214		☐ Cha	nae -	Addition	
TITLE		₩ Deterio	5.1 III							
NAME					ADDRESS					
STREET ADDR :SS										
CITY-ST-ZIP		□ DELETE	5.4 CIT 6.1 TIT		-		Γ∃ Cha		Addition	
TITLE		☐ DELETE	62 NA				C] Cila	· ·ye	L] Addition	
NAME					· DODGGG					
STREET ADDR ISS			6.3 ST	KEET A	ADDRESS					

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 indicaled on this annual report or supplemental annual report is true and accurate and that my signal ure 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 12 if change 1, or on an attachment with an address, with all other like empowered

WORMAN U. JONES SIGNATURE: \