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

Mailing Address 2116 MONTE CARLO TRL.

ORLANDO FL 32805

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90022 043 \*\*\*150.00

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| DOCUMENT #  | P9500003301         | 5 |
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1. Corporation Name

Principal Place of Business

3214 ORANGE CENTER BLVD.

NCAC, INC.

ORLANDO FL 32805

|                |  |                                  |                         |                           | 3. Date Incorporated or Qualifed 04/24/1995  |                    |            |  |
|----------------|--|----------------------------------|-------------------------|---------------------------|--|--------------------|------------|--|
| 2 Principal Pl | lace of Business 2a. Mailing Address   |                                  |                         | 4. FEI Number Applied For |  |                    |            |  |
| 22/11          | Avone Center Blod  | · ·                              | -6                      | 20                        | 59-3306710   | Not                | Applicable |  |
| Suite, Apt.    | <del></del>  | Suite, Apt. #, etc.              |                         |                           | 5. Certifcate of Status Desired   \$8.75 Additional Fee Required   |                    |            |  |
| City & State   | 1 . 0  | City & State  28 Orlowdo         | 4P                      |                           | 6. Election Campaign Financing  Trust Fund Contribution  | \$5.00<br>Added to |            |  |
| zip<br>- 328   | US 25 Oronge   | Zip<br>29 32805 30               | Country                 | rang.                     | T Claurian Topolty Tax   | Yes                | □No        |  |
|                | 9. Name and Address of Current   | Registered Agent                 |                         |                           | 10. Name and Address of New Registered A   | gent               |            |  |
|                |  |                                  | 81                      | Name                      |  |                    | 1          |  |
|                | DICK, ALZO J   |                                  | 82                      | Street Addr               | ess (P.O. Box Number is Not Acceptable)  |                    |            |  |
|                | MONTE CARLO TRL.   |                                  | "                       | 03017100                  |  |                    |            |  |
| ORL            | ANDO FL 32805  |                                  | 83                      |                           | <del></del> -  |                    | }          |  |
|                |  |                                  | 84                      | City                      | FL   | 85 Zip C           | ode        |  |
|                |  |                                  |                         | L.,                       | - <u></u>  |                    |            |  |
| office or n    | to the provisions of Sections 607.0502 egistered agent, or both, in the State or mamiliar with and accept the obligation.  Substitute Aroed or printed name of registered agent. | ons of Section 607,0505, Florida | orized by<br>a Statutes | the corporations.         | oration submits this statement for the purpose of clon's board of directors. I hereby accept the appoint divine the statement of the purpose of clon's board | ment as reg        | jistered   |  |
| 12.            | OFFICERS AND   |                                  | 13.                     | it signature require      | ADDITIONS/CHANGES TO OFFICERS AND  | DIRECTO            | RS IN 12   |  |
| TITLE          | D OF TOERS AIVE  | DELETE                           | 1.1 TITLE               |                           |  | Change             | Addition   |  |
|                | REDDICK, ALZO J  |                                  | 1.2 NAME                |                           |  |                    | _          |  |
| NAME           | 2116 MONTE CARLO TRL.  |                                  |                         | T ADDRESS                 |  |                    | Ţ          |  |
| STREET ADDRESS |  |                                  |                         |                           |  |                    |            |  |
| CITY-ST-ZIP    | ORLANDO FL 32805   | ☐ DELETE                         | 1.4 CITY-S<br>2.1 TITLE | 11-217                    |  | Change             | Addition   |  |
| TITLE          | D MALINTODY MADY E   |                                  |                         |                           |  | _ `                |            |  |
| NAME           | MAULTSBY, MARY E   |                                  | 2.2 NAME                | *                         |  |                    | 1          |  |
| STREET ADDRESS |  |                                  |                         | T ADDRESS                 |  |                    |            |  |
| CITY-ST-ZIP    | ORLANDO FL 32805   | ☐ DELETE                         | 2.4 CITY-5              | ST-ZIP                    |  | Change             | ☐ Addition |  |
| TITLE          | D DEPOSION EL CUISE M  | C) Dereic                        | 3.1 TITLE               |                           |  |                    |            |  |
| NAME           | REDDICK, ELOUISE W   | 1                                | 3.2 NAME                |                           |  |                    | ì          |  |
| STREET ADDRESS | 2116 MONTE CARLO TRL.  |                                  |                         | TADDRESS                  |  |                    |            |  |
| CITY-ST-ZIP    | ORLANDO FL 32805   | D perett                         | 3.4. CITY-5             | ST-ZIP                    |  | ☐ Change           | Addition   |  |
| TITLE          | D  | ☐ DELETE                         | 4.1 TITLE               |                           |  | [] Ollarige        | 7,00,001   |  |
| NAME           | REDDICK, NESPER L  |                                  | 4.2 NAME                |                           |  |                    |            |  |
| STREET ADDRESS |  |                                  | 4.3 STREE               | TADORESS                  |  |                    |            |  |
| CITY-ST-ZIP    | ORLANDO FL 32805   |                                  | 4.4 CITY- S             | ST-ZIP                    |  | ☐ Change           | Addition   |  |
| TITLE          |  | ☐ DELETE                         | 5.1 TITLE               |                           |  | □ Change           | ☐ Addition |  |
| NAME           |  |                                  | 5.2 NAME                |                           |  |                    |            |  |
| STREET ADDRESS |  |                                  |                         | TADDRESS                  |  |                    |            |  |
| CITY-ST-ZIP    |  |                                  | 5.4 CITY-S              | ST-ZIP                    |  | Change             | - Addition |  |
| TITLE          |  | ☐ DELETE                         | 6.1 TITLE               |                           |  | Change             | ☐ Addition |  |
|                |  |                                  | 62 NAME                 |                           |  |                    |            |  |

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 suppliemental 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 dianged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

5-31-59