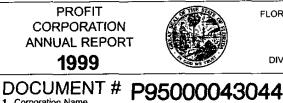
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name NILE ONE, INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90034 026 \*\*\*150.00

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CR2E034 (11/98)

Principal Place of Business Mailing Address 13366 48 TRAIL S 13366 48 TRAIL S DELRAY BEACH FL 33445 **DELRAY BEACH FL 33445** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/26/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0582759 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WELLS, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 13366 48 TRAIL SOUTH **DELRAY BEACH FL 33445** 83 Zip Code 84 85 City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Addition DELETE ☐ Change 1.1 TITLE TITLE WELLS, ROBERT D 1.2 NAME NAME 13366 48 TRAIL SOUTH 13 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33445** 1.4 CMY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 31 TID F TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-\$T-ZIP

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 path; 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 address\_with all other like empowered

SIGNATURE:

CITY-ST-ZIP