

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

PROFIT CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 998000044685

1. Corporation Name

NNH Inc.

W98-12078

Principal Place of Business

2040 Hwy A1A
Unit 208
Indian Harbor Beach, FL 32937

Mailing Address

P.O. Box 1287
Melbourne FL 32902

FILED
98 OCT -2 AM 8:05

STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1996

4. FEI Number

59-3326250

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

RADFAR, FARIDEH

INDIAN HARBOUR BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 1287
101 Lansing Dr IHB FL 32937

84 City

MELBOURNE

FL

88 Zip Code

32902

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

Signature (Type or printed name of registered agent and date if applicable)

(NOTE: If highest agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DP
NAME ~~Radfar Farideh~~ Nadia Heshmati
STREET ADDRESS 101 Lansing Dr Drive IHB
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE Rima Heshmati
NAME Rima Heshmati
STREET ADDRESS 101 Lansing Island Drive IHB
CITY-ST-ZIP Satellite Beach, FL

TITLE NARI MAN HESHMATI
NAME NARI MAN HESHMATI
STREET ADDRESS 101 Lansing Island Dr
CITY-ST-ZIP IHB FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300002660963-3
-10/09/98--01091--017
***1050.00 ***1050.00

REINSTATEMENT 96-98

51 10-2-98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(b), 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.

SIGNATURE

Date

Daytime Phone #

0100000