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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90126 050 ***150.00

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1.	Corporation Name				-	

NAMTRIG INCORPORATED

Principal Place	e of Business	Mailing Address			- FINNSINNES ILM SOLOS DESILO BO 	ILI MAINE MANSO MESIN INI	e l	
1117 SWEET HEATHER LANE 1117 SWEET HEATHER LANE								
APOPKA FL 32712 APOPKA FL 32712					DO NOT WEST IN THE ODACE			
US US					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			(
2 D : : : : : : : : : : : : : : : : : :	(P.)	Ja Mailing Address			09/07/1995 4. FEI Number		Appl	lied For
	lace of Business	2a. Mailing Address 26 P.O. Box 16	0757	,	59-3340557		+ ''	Applicable
21 8600 Suite, Apt.	Venezia Dr. Apl 2227	26 P.O. BOX 16	00 75 7		39 3340337	\$8		ditional
22 Octo	۸ ـــ ۱	27 AH-Sections	Flor	rida	5. Certifcate of Status Desired	1 1	ee Req	I
City & State		City & State	PRANC		. 6. Election Campaign Financing	<u> </u>	5.00 N	lav Be
23 328		28 32716	Similar	Je ??	Trust Fund Contribution		dded to	
Zip	Country	Zip	Country		8. This corporation owes the curr	ent year Intangible	,	
24	25	29 30	<u> </u>		Personal Property Tax.	<u></u> Ye		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered Age <u>nt</u>		
OIDT	TARNI JANGO NA		81 N	Name (RTMAN, JAME	s M.		
	MAN, JAMES M		82 S	Street Addre	ss (P.O. Box Number is Not Accepte	ible)		
	SWEET HEATHER LANE			860	00 venezia pr.	13pt. 2	<u> </u>	
APUI	PKA FL 32712		83			•		
			84 0	City co - 1	0 0	85	Zip Co	ode
				- OLF	avdo, fl	FL 👸	327	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statutes,	the above-na	amed corpo	ration submits this statement for the	purpose of changi of the appointment	ing its re as regi:	egistered stered
agent. I ai	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes.	oorporation	To board of another of the object of			
SIGNATURE								
	Signature, typed or printed name of registered agent		gistered Agent sig	gnature required		DATE	ECTOR	PS IN 12
12.	OFFICERS AND	DIRECTORS	13.	10	ADDITIONS/CHANGES TO OF	FICERS AND DIR		RS,IN 12
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CITY-ST-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 oath; that I am an officer or director of the corporation or title receiver or trustee empoyabled 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 a other like empowered.

SIGNATURE:

Jan 14, 99

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