

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082596

1. Corporation Name
NEXSTORE, INC.

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90009 001 *1,200.00



Principal Place of Business

2255 GLADES ROAD
SUITE #219-A
BOCA RATON FL 33431
US

Mailing Address

2255 GLADES ROAD
SUITE #219-A
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/27/1995

4. FEI Number
65-0696717

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4770 NW Boca Raton Blvd.
Suite, Apt. #, etc.

22 Suite C

23 Boca Raton, FL
City & State

24 33431 25 Palm Beach
Zip Country

2a. Mailing Address

26 4770 NW Boca Raton Blvd.
Suite, Apt. #, etc.

27 Suite C

28 Boca Raton, FL
City & State

29 33431 30 Palm Beach
Zip Country

9. Name and Address of Current Registered Agent

KNIGHT, WILLIAM L
2255 GLADES ROAD
SUITE #219-A
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
William L. Knight
82 Street Address (P.O. Box Number is Not Acceptable)
4770 NW Boca Raton Blvd.
83 Suite C
84 City
Boca Raton, FL 85 Zip Code
33431

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP ☐ DELETE

NAME KNIGHT, WILLIAM L
STREET ADDRESS 2255 GLADES RD. STE. 219A
CITY-ST-ZIP BOCA RATON FL 33431

TITLE VP ☒ DELETE

NAME SCHREIBER, MARK
STREET ADDRESS 2255 GLADES ROAD SUITE #219-A
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 4770 NW Boca Raton Blvd., Suite C
1.4 CITY-ST-ZIP Boca Raton, FL 33431

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME MYLES T. CLARK
3.3 STREET ADDRESS 3608 W. PARK RD.
3.4 CITY-ST-ZIP HOLLYWOOD, FL 33021

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)