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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr	14	1997	8:00am
Se	cret	ary o	f State

1997 Secretary of Sta							. i₩ DNS	30	y OI	of State			
1. ¢	Corporation	MENT : Name NILE, INC.	# P96	300001	2949	(9)					<b>x</b>		
Prin	icipal Plac	e of Business		N	Mailing Address	S				IIA <b>t</b> dirii <b>ra</b> isi <b>bb</b> hi <b>dd</b> ii	I <b>qu</b> tal hall hall	( 10)() <b>1)(1)()</b> (10)	
		ROWARD BLVD			200 WEST BRO T. LAUDERDALI								
PI.	LAUDERDA	ILE FL		r	I. CAUDENDAL	E FL 30312-1	1179						
								•	02/12/1990	rated or Qualified	3a. Date of	f Last Report	
t	Principal F	lace of Busine	ss	ļ	<ul> <li>Mailing Add</li> </ul>	ress			4. FEI Number	(117)		Applied For	
21	Suite, Apt.	#. etc		26	Suite, Apt. #	etc.				41174	<u></u>	Not Applica 8.75 Additional	
22	· ·			27					5. Certificate of	Status Desired	<u> </u>	Fee Required	"}
23	City & State	0		28	City & State				6. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees	
L	Zip	_	Country	-	Zip	-	Country		1	ion has liability for i			≥,
24			nd Address	of Current Regi	stered Agent	]3	0)		Florida Statut	ddress of New Re	Yes D	*	
	FLA	BBAS, IBRA				***************************************	81	Name					
ĺ		O W. BROW					82	Street A	ddress (P.O. Box Numb	er is Not Acceptat	ule)		{
	FT.	LAUDERDAL	E FL									·	
)							83						1
}					,		84	City			FL	5 Zip Code	
11,	Pursuant office or r agent. La	to the provisio egistered age im familiar with	ns of Section of, or both, in and accep	is 607.0502 and the State of Flor the Obligations of	607.1508, Flori ida. Such char of, Section 607	ida Statutes nge was aut 7.0505, Florid	, the above thorized by da Statute	named of the corpo	corporation submits this oration's board of direct	statement for the pors. I hereby accep	urpose of ch	anging its register ment as registere	red ed
SIG	SNATURE	Standarde Medica	prated name of	registered agent and till	ie it apolicable	(NOTE F	Registered Ace	nt signature ri	equired when reinstating)		DATE		\
12.				ICERS AND DIRE	CTORS		13.		ADDITIONS/CI	HANGES TO CEEL			ition 8
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14. Los 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 he information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that he information exclicated 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:,

CIBR IBRAHIM ING LABORS
GNATURE MANAGER OF SIGNING OFFICER OF DIRECTOR

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