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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P960000

P96000019133 (3)

	tion Hame			`	,						
N. 2.	U., INC.										
Principal Place of Business			Mailin	Mailing Address			- I NODINGBY NIG HANGE OFFINE BENEF DENKE DE				
2209 S. ORANGE BLOSSOM TR. ORLANDO FL 32805				2203 S. ORANGE BLOSSOM TR.							
CHEANUC	PL 32805		ORLA	NDO FL 32805				DO NOT WRIT	E IN THIS	SPACE	
								3. Date Incorporated or Qualified			
								03/01/1996			
2. Principal	Principal Place of Business			2a. Mailing Address				4. FEI Number		Ar	plied For
21				26				59-3364690		No	ot Applicable
Suite, Apt. #, etc.			<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
City & State			27	City & State						Fee Re	equired
			 					6. Election Campaign Financing \$5.00 May Be			
Zip		Country	28	Zip Country				Trust Fund Contribution Added to Fees			
24		25		29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			-
	g. Nam	e and Address of Cur		ed Agent				10. Name and Address of New R			
R	OZANSKI, V	VAI T			8	31	Name				
13313 KEARNEY DR					ļ.		Chan at Andala	ess (P.O. Box Number is Not Accepta	-1-1		
TAMPA FL 33626						Street Addres		ess (P.O. Box number is not accepta	DIE)		
*	7 11 11 11 11 11 11 11 11	7020			Ē	33		-			
					ļ <u>.</u>	+	0.1.				
						4	City		FL	85 Zip t	Code
11. Pursuar	nt to the provi	sions of Sections 607.0	0502 and 607.1	508, Florida Statu	ites, the abo	ove-i	named corp	oration submits this statement for the	purpose o	of changing it	s registered
agent.	r registered a I am familiar v	and accept the ob	ate of Fibrida. a digations of, Se	such change was ection 607.0505, F	autnorizeo Iorida Statut	ny i les	ne corporati	on's board of directors. I hereby acce	pt the ap	pointment as	registered
SIGNATURE	:	All Sam		#	WAST	. 4	No 2 AM	13K1 4	-24-	.99	
	Ignature (ype		lagent and title I ap			Agent	signature require				
12.	PD	OFFICERS.	AND DIRECTO	DELETE	13.			ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTOR Change	S IN 12 Addition
NAME		CVI WAIT D		L. Dettere	1.1 111.6					change	☐ Addition
STREET ADDRESS	DORESS 2203 S. ORANGE BLOSSOM 1					1.2 NAME					
CITY-ST-ZIP	ODI 44100 EL 0440E			11.		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP					
TITLE	OI ILDWA	DO I E GEOGG		DELETE	2 1 TITLE		ZIP			Change	Addition
NAME						2.2 NAME				Onlings	
STREET ADDRESS	,				2.3 STPE		nnress				ļ
CITY-ST-ZIP	-				2 4 CIFY		l l				
TITLE	1			DELETE	3 1 TITLE					Change	Addition
NAME						3.2 NAME					
STREET ADDRESS	s				3 3 STFE	ET AD	DDRESS				1
CITY-ST-ZIP					3.4 CHY						
TITLE		· · · · · · · · · · · · · · · · · · ·		☐ DELETE	4.1 HTtE					Change	Addition
NAME					4. 2 NAV	ΑE					
STREET ADDRESS	s						JUBESS				
					4.3 STPE	ET AC	DINESS				
CITY-ST-ZIP					4.3 STPE 4.4 CITY						
CITY-ST-ZIP TITLE	1			DELETE		- \$1 -				☐ Change	☐ Addition
	l			DELETE	4.4 CITY	- \$1 -			·	☐ Change	☐ Addition
TITLE	3			DELETE	4.4 CITY - 5.1 TITLE	- ST	ZIF			Change	Addition
TITLE NAME	5				4 4 CITY 5.1 TITLE 5 2 NAMI	-ST E E1 AC	ZIF DDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS	3			DELETE	4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE	- ST - E E1 AC	ZIF DDRESS			☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP	5				4 4 CITY 5.1 TITLE 5 2 NAMI 5.3 STRE 5 4 CITY	-ST . E ET AC -ST :	ZIF DDRESS				

14. Thereby 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 13 if changed, or on an attachment with an address