

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 # P96000023726**

1. Corporation Name  
**NEXSTORE 2, INC.**

Principal Place of Business  
**2255 GLADES RD., SUITE 219A  
BOCA RATON FL 33431**

Mailing Address  
**2255 GLADES RD., SUITE 219A  
BOCA RATON FL 33431**

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

06-10-1999 90009 001 \*1,200.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/13/1996**

4. FEI Number  
**65-0786720**

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

2a. Mailing Address

21 **4770 NW Boca Raton Blvd.**

26 **4770 NW Boca Raton Blvd.**

22 **Suite C**

27 **Suite C**

23 **Boca Raton, FL**

28 **Boca Raton, FL**

24 **33431** 25 **Palm Beach**

29 **33431** 30 **Palm Beach.**

9. Name and Address of Current Registered Agent

**KNIGHT, WILLIAM L  
2255 GLADES RD.  
SUITE 219A  
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 ☐ DELETE  
NAME **DCEO**  
STREET ADDRESS **KNIGHT, WILLIAM L**  
CITY-ST-ZIP **2255 GLADES ROAD STE 219A  
BOCA RATON FL 33431**

TITLE ☒ DELETE  
NAME **V**  
STREET ADDRESS **SCHREIBER, MARK**  
CITY-ST-ZIP **2255 GLADES RD., SUITE 219A  
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 **V P**  
3.3 STREET ADDRESS **MYLES T. CLARK**  
3.4 CITY-ST-ZIP **3608 W. PARK RD.  
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 (1/98)