Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90248 049 ***150.00

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 # P96000025189

NR ENT	ERPRISES, INC.				
المعتدية والمتعدد	na in the second of the second	,-	سيبيونيججد لاء		
Principal Place	e of Business	Mailing Address		-{	10 11101 01101 11001 10110 1011 1011
44445 RIO GRANDE P.O. BOX 692073					
STE 422 ORLANDO FL 32869				DO NOT WRITE IN THIS SPACE	
ORLANDO FL 32839 US				3. Date Incorporated or Qualifed	
				03/18/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 444	4 South Rio Grand	e 26		59-3372188	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
	te 422	City & State	•	a Figure 2 and a Figure 5	
City & Stat	e ando,_FL	28 - State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation owes the current year	ntangible
24 328	39 25 USA	29 30	o	Personal Property Tax.	∏Yes 🙀No
9. Name and Address of Current Registered Agent 10.				10. Name and Address of New Registere	d Agent
NAN	ISTIEL IOUN E		81 Name		
NANSTIEL, JOHN E 8813 LADRIDO LANE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
ORLANDO FL 33836			83		
				<u> </u>	
			84 City	F	L 85 Zip Code
≃11Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corpo	pration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was autr ns of, Section 607.0505, Florid	norized by the corporation a Statutes.	n's board of directors. I hereby accept the app	omment as registered
SIGNATURE					
<u> </u>	Signature, typed or printed name of registered agent a		egistered Agent signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE	ABBITIONS/OFFACES TO OFFICE NO.	Change Addition
NAME	NANSTIEL, JOHN E	_	1.2 NAME		·
STREET ADDRESS	=8813:LADRIDO-LANE		1.3 STREET ADDRESS		·
CITY-ST-ZIP	ORLANDO FL 32836		1.4 CITY-ST-ZIP	<u></u>	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NANSTIEL, MELINDA L	•	2.2 NAME		
STREET ADDRESS	8813 LADRIDO LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32836	DELETE	2.4 CITY-ST-ZIP		☐ Change
TITLE	-	□ DELETE	3.1 TITLE		
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		}
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	•	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
l ππ.ε	i .		and the same		

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS