

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

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Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90009 001 *1,200.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000026428

1. Corporation Name
NEXSTORE REAL ESTATE, INC.



Principal Place of Business: 2255 GLADES ROAD, SUITE 219A BOCA RATON FL 33431
 Mailing Address: 2255 GLADES ROAD, SUITE 219A BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/20/1996

2. Principal Place of Business: 21 **4770 NW Boca Raton Blvd.**
 Suite, Apt. #, etc.: 22 **Suite C**
 City & State: 23 **Boca Raton, FL**
 Zip: 24 **33431** Country: 25 **Palm Beach**
 2a. Mailing Address: 26 **4770 NW Boca Raton Blvd.**
 Suite, Apt. #, etc.: 27 **Suite C**
 City & State: 28 **Boca Raton, FL**
 Zip: 29 **33431** Country: 30 **Palm Beach**

4. FEI Number: **65-0785831**
 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

9. Name and Address of Current Registered Agent
KNIGHT, WILLIAM L
22565 GLADES ROAD
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**
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, WILLIAM L	1.2 NAME	
STREET ADDRESS	2255 GLADES RD., STE. 219A	1.3 STREET ADDRESS	4770 NW Boca Raton Blvd Suite C
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBER, MARK	2.2 NAME	
STREET ADDRESS	2255 GLADES RD., S TE. 219A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VP
STREET ADDRESS		3.3 STREET ADDRESS	MYLES T CLARK
CITY-ST-ZIP		3.4 CITY-ST-ZIP	3608 W. PARK RD. HOLLY WOOD, FL. 33021
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: William L Knight SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____

CR2E034 (1/1/98)