

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

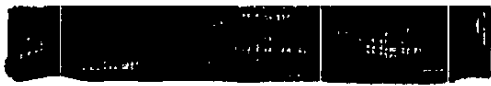
04-26-1999 90052 045 \*\*\*150.00



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

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # **P.96 0000 39493 (7)**  
 Corporation Name  
**NEVIS, INC**



Principal Place of Business  
 E. COMMERCIAL BLVD.  
 LAUDERDALE FL 33334

Mailing Address  
 1540 E. COMMERCIAL BLVD.  
 FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**300 DIPLOMAT PARKWAY**  
 Suite, Apt. #, etc.  
**Suite 315**  
 City & State  
**HALLANDALE, FL**  
 Zip  
**33009**

2a. Mailing Address  
**300 DIPLOMAT PARKWAY**  
 Suite, Apt. #, etc.  
**Suite 315**  
 City & State  
**HALLANDALE, FL**  
 Zip  
**33009**

25 **BROWARD** 29 **BROWARD**

3. Date Incorporated or Qualified  
**05/08/1996**

4. FEI Number  
**65-0672075**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fee**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

COUF, ROBERT M  
 1540 E. COMMERCIAL BLVD.  
 FT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**300 DIPLOMAT PARKWAY**  
 83 Suite 315  
 84 City  
**HALLANDALE, FL** 85 Zip Code  
**33009**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE  
**ROBERT M. COUF, PRESIDENT** **4/15/99**

OFFICERS AND DIRECTORS	
PS COUF, ROBERT M 1540 E. COMMERCIAL BLVD. FT LAUDERDALE FL 33334	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>300 DIPLOMAT PARKWAY Suite 315</b>
1.4 CITY-ST-ZIP	<b>HALLANDALE, FL 33009</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **Robert M. Couf** PRES. **4/15/99** (954) 458-4123  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)