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

PROFIT **CORPORATION ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000041494 (1)

NIDA-LITTLEFIELD AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

17307 HUBERS COURT ODESSA FL 33556

SIGNATURE

17307 HUBERS COURT **ODESSA FL 33556**

FILED Apr 06 1998 8:00am Secretary of State



618

								DO NOT WRITE IN THIS SPACE	JE.		
								3. Date Incorporated or Qualified			
								05/15/1996			
2. Principal P	tace of Busin	oss	2a. Mailing Address					4. FEI Number	A	pplied For	
21			26					65-0677620	65-0677620 Not App		
Suite, Apt.	#, etc.		Suite, Apt #, etc.					5. Certificate of Status Desired		Additional	
22			27					J. Continuate of Glates Desired	Fee R	equired	
City & State	e		City & State						5.00	May Be	
23			28					Trust Fund Contribution	Added	to Fees	
Zip	Ì	Country	Zip		Coul	ntry		8. This corporation owes or has paid the current			
24 25			29	124				Personal Property Tax due June 30. Yes XNo			
	9. Name	and Address of Current	Registered Agen	t		10. Name and Address of New Registered Agent					
NIDA-LITTLEFIELD, KATHERINE						81 Name					
	07 HUBER					82 Street Address (P.O. Box Number is Not Acceptable)					
	ESSA FL 3				1	Street Address (1.0, box Number is Not Acceptable)					
ARPAN I F ANAM						83	3				
					ļ	84	City	Fi }85	i} Z⊯	Code	
11. Pursuant t	to the provisi	ons of Sections 607 0502	and 607 1508 Fir	rida Statute	es the at		e-named o	orporation submits this statement for the purpose of cha	noina i	ts registered	
office or re	egistered ag	ent, or both, in the State o	Florida. Such ch	ange was a	uthorized	by	the corpo	ation's board of directors. I hereby accept the appointr	nent as	registered	
agent. I ai	m familiar wit	th, and accept the obligati	ions of, Section 60	7.0 50 5, Fid	orida Stati	utes	S.				
SIGNATURE											
	Signature, typed	or printed name of registered agent OFFICERS AND		(NOTI		Age	nt signaturë n	ADDITIONS/CHANGES TO OFFICERS AND DIF	COTO	20 IN 40	
12.		OFFICE NS AND		DELETE	13.	1 -			Change	Addition	
TITLE	\$ 	CID 1011114	Li	DELETE	1.1 111		j	L)	Juanyo	[_] Woulloll	
NAME		ELD, JOHN L			1.2 NA						
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NAME	NIDA-LIT	TLEFIELD, KATHERINE			2.2 NA	MF	1				
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NAME					5.2 NA			<u> </u>	よこ	>.l	
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NAME					6.2 NA	ME	1	-04/07/9801013027			
STREET ADDRESS					6.3 \$11	REET	address	***150.00			
CITY-ST-ZIP					6.4 CiT	Y-S1	I - ZIP				
14. I hereby c	ertify that the	information supplied with	this filing does no	ot qualify fo	r the exe	mpt	ion stated	in Section 119.07(3)(i), Florida Statutes. I further certify	hat the	information	
indicated of	on this appear	al report of supplemental a	annual report is tru	e and acc	ural and	i tha	atmysign eonvrtas	in Section 119.07(3)(i), Florida Statutes. I further certify ture shall have the same logal effect as if made under o equired by Chapter 607, Florida Statutes; and that my n	ath; th	at Lamian	
Block 12 d	or Block 13 if	charged, or on avattach	ment with an add	168		~	J\\````	Against by Shapter out, Frontag Statution, and that thy ha	Mic ap	pours III	