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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000042598 (8)

**NEMESIS ENTERPRISES, INC.** 

**FILED** Mar 30 1998 8:00am Secretary of State

|--|--|--|--|

Principal Place of Business Mailing Address 11000 MINNEADOLIS DONE

	TY FL 33026	COOPER CITY FL 33026							
		V V V V V V V V V V V V V V V V V V V				DO NOT WRITE IN	THIS SP	ACE	
						3. Date Incorporated or Qualified 05/17/1996			·
2. Principal F	2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
21		26	26			65-0667930			lot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.							Additional
22		27]			<del> </del>			Fee R	lequired
	City & State					6. Election Campaign Financing	_		May Be
23		28]				Trust Fund Contribution Added to Fees			
Zip	Country 25	Zφ	—	Country  8. This corporation owes or has paid the current year Intangible					1
24]	9, Name and Address of Current	Registered Agent	30	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent					
	ERTZ, CHRISTY	. Nogratored Agent		81	Name	10. Name and Address of New Negra	HOIDU AY	DI IX	
	20 SO. BISCAYNE BLVD. STE 110	.4		•	7441110				1
	IAMI FL 33131	'1	[	82	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
144	Puni FE 33131			83		· · · · · · · · · · · · · · · · · · ·			
			L						
			ľ	84	City	•	FL	<b>85</b> Zip	Code
11. Pursuant office or	to the provisions of Sections 607.0502 registered agent, or both, in the State	and 607.1508, Florida Statut of Florida, Such change was	es, the ab authorized	ove by	named corporation	oration submits this statement for the purpon's board of directors. I hereby accept t	pose of ch he appoir	nanging ntment a	its registered s registered
agent. Fa	am familiar with, and accept the obliga	tions of, Section 607.0505, FR	orida Stati	ites.					
	Signature, typed or printed name of registered ager		E Registered	Ager	n signature require	ed when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER	RS AND D	IRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 T(T)	LE			Ľ	Change	Addition
NAME	GRANT, ANDY		1.2 NA	ME					
STREET ADDRESS	11070 MINNEAPOLIS DRIVE		1.3 STF	REET	ADDRESS				
CITY-ST-ZIP	COOPER CITY FL 33026		1.4 CIT	Y-ST	:- ZIP				
TITLE	VID	DELETE	2.1 TITE	LE			L	Change	Addition
NAME	GRANT, RANDI		2.2 NAI	ME					
STREET ADDRESS	11070 MINNEAPOLIS DRIVE		2.3 STP	EET /	ADDRESS				
CITY-ST-ZIP	COOPER CITY FL 33026		2.4 CIT	ry-s	T-ZIP				
TITLE		☐ DELETE	3.1 TITI	E				Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 STP	REET A	ADORESS				
CITY-ST-ZIP	1		3.4. Cfl	Y-S1	T-ZIP				
TITLE		☐ DELETE	4.1 111	LE				Change	☐ Addition
NAME			4.2 NA	ME					
STREET ADDRESS			4.3 STR	REET A	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST	- ZIP				
TITLE		☐ DELETE	5.1 TITE	LE			L	Change	☐ Addition
NAME			5.2 NA	ME					į
STREET ADDRESS			5.3 STP	EET A	ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST	- ZIP				
TITLE		DELETE	6.1 TITI				L	Change	Addition
NAME			6.2 NA	ΜE					

CITY-ST-ZIP 6.4 CITY-ST-ZIP 4. 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 point of the powered 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 open an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

984 :838450