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 # **P96000055169**1. Corporation Name

THE NEHEMIAH GROUP, INC.

Fillicipal Flace	OI DUSITIESS	Mailing Address						
25191 E. OLYM	PIA AVENUE	25191 E. OLYMPIA AVENUE UNIT G-3						
UNIT G-3 PUNTA GORDA	E1 22050	PUNTA GORDA FL 33950			,	DO NOT WRITE IN THIS SPACE		
FUNTA GONDA	TE 33300	FUNTA GONDA I E 33300				3. Date Incorporated or Qualifed		
	•					06/27/1996		
2 Dringing D	ace of Business	2a. Mailing Address				4. FEI Number	117	Applied For
— '	ace of business	⊢ , •	_ ,			65-0677000	- 	Not Applicable
21 Cuita Ant	4	Suite, Apt. #, etc.				03 007 1000		Additional
Suite, Apt.	#, etc.	├ ──				_5Certifcate_of_Status_Desired		Required
22		City & State				6 Flatin Compine Financia		
City & State)	⊢ ′				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23)		Zip Country						4.01
Zip ─	Country	·	`	,		 This corporation owes the current year Inf Personal Property Tax. 	∐ Yes	□No
24	25 29 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered		
	9. Name and Address of Curren	t Registered Agent	81	1	Name	To. Name and Address of Non Negistro		
SMIT	H, THOMAS N		1	' '	· ciric			
25191 E. OLYMPIA AVENUE			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			-	-				
UNIT G-3			83	3				
PUN	TA GORDA FL 33950		84	4 (85 Zi	p Code
*1.	• . •		ł	1	•	<u>FL</u>	. `	
The state of the s								
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	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Age	ent sig	gnature required v	when reinstating) DATE		<u> </u>
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P DELETE 1.1 T		1.1 TITLE				Chang	e 🔲 Addition
NAME	SMITH, THOMAS N		1.2 NAME					
			1.3 STREE	ET AD	DRESS			i
	DUNTA CODDA EL 00050			ST-ZI				
CITY-ST-ZIP TITLE			2.1 TITLE		<u>" </u>		☐ Chang	e Addition
			2.2 NAME					
NAME			2.3 STREE		NODECC.			
STREET ADDRESS	- Table 100 - 100					<u>, -, -, -, -, -, -, -, -, -, -, -, -, -,</u>	~ 	=
CITY-ST-ZIP			2. 4 CITY-		<u> </u>		Chang	e Addition
TITLE			3.1 TITLE	-				o [
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREI	ET AD	DRESS			
CITY-ST-ZIP	<u> </u>		3.4. CITY-		IP			
TITLE		☐ DELETE	4.1 TITLE			••	☐ Chang	e
NAME			4. 2 NAME	Ė				
STREET ADDRESS			4.3 STREE	ET AD	DRESS			
CITY-ST-ZIP	ł		4.4 CITY-	ŞT-ZI	IP			
TITLE		□ DELETE	5.1 TTTLE				Chang	e 🗌 Addition
NAME			5.2 NAME	Ξ.				
STREET ADDRESS			5.3 STRE	ETAD	ODRESS			
CITY-ST-ZIP	•		5.4 CITY-	ŞT-Z	IP			_
TITLE	-	☐ DELETE	6.1 TITLE				☐ Chang	e

CITY-ST-ZIP 14. I hereby certify that the information supplied with this thing 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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90135 029 ***150.00