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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000072251 (7)

N.I.F. SERVICES OF FLORIDA, INC.

FILED Jan 26 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address				
316 E SEAVIEW DRIVE			316 E SEAVIEW DRIVE				
DUCK KEY FL 33050		DUCK KEY FL 33050	DUCK KEY FL 33050		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					08/29/1996		
6 Principal Pla	oce of Business	2a. Mailing Address	Mailing Address		4. FEI Number	Applied For	
 i '		26 Walling Address	, Milling Actives		65-0707049	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional	
22		27]		5. Certificate of Status Desired	Fee Required	
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28]		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Zip Country		This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30. Yes No		
g. Name and Address of Current Registered Agent			1991		10. Name and Address of New Register	ed Agent	
LOGGIE, DENNIS					81 Name		
	6 E SEAVIEW DRIVE			0	(0.0 B- N- t- 1- N- t		
	JCK KEY FL 33050		82 Street Add		Iress (P.O. Box Number is Not Acceptable)		
	SON NET TE SOSSO		63				
			84	City	E	85 Zip Code	
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 Statules.							
SIGNATURE Signature, typed or profiled name of registered agent and little if applicable (NOTE Registered Agent signature required when re-installing) DATE DATE							
12.			13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	3	DELETE	1.1 TITLE		7,00111011070111111021101	Change Addition	
NAME	LOGGIE, DENNIS	-	1 2 NAME				
STREET ADDRESS	316 E. SEAVIEW DR.		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
	DUCK KEY FL						
CITY-ST-ZIP TITLE	VP DELETE		2.1 TITLE	H - ZIF		Change Addition	
NAME	ORLANDO, MICHAEL A.		2.2 NAME				
STREET ADDRESS	40 SOUNDVIEW CREST		2.3 STREET ADDRESS				
	MANHASSET NY						
CITY-ST-ZIP TITLE	S	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE			Change Addition	
NAME	ORLANDO, JOHN G.		3.2 NAME				
	6 MEDFORD LANE		3.3 STREET	ADDDCCC			
STREET ADDRESS	E. NORTHPORT NY						
CITY-ST-ZIP TITLE	DELETE		3.4. CITY - ST- ZIP 4.1 TITLE			Change Addition	
NAME	-		4. 2 NAME				
			4.2 IVAIVIE	VDDBEGG			
STREET ADDRESS							
TITLE	DELETE		4.4 CITY - ST - ZIP 5.1 TITLE			Change Addition	
NAME	_ been		5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
			5.4 CITY - S				
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	1.70		Change Addition	
NAME		ن مدددان	6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESC			
14. I hereby ce	artify that the information ampolied v	with this filing does not qualify to	6.4 CITY - S or the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information	
14. Thereby 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 of suppliemental 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.							
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