

FILE NOW: FILING FEE AFTER MAY 1ST IS \$10.00

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **P96000077090 (4)**

1. Corporation Name
N & N OF JAX, INC.

Principal Place of Business
**1120 ATLANTIC BLVD
NEPTUNE BEACH FL 32233**

Mailing Address
**1120 ATLANTIC BLVD
NEPTUNE BEACH FL 32233**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/16/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 JAX, FL		59-3401686	
24 Country		29 32217		5. Certificate of Status Desired	
		30 Jax/		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				8.75 Additional Fee Required	
				5. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ANTAR, NICHOLAS 1120 ATLANTIC BLVD NEPTUNE BEACH FL 32233		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAMMOUR, NAMMOUR	1.2 NAME	
STREET ADDRESS	1120 ATLANTIC BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL 32233	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTAR, NICHOLAS	2.2 NAME	
STREET ADDRESS	1120 ATLANTIC BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL 32233	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAMMOUR, CAMELL	3.2 NAME	
STREET ADDRESS	1120 ATLANTIC BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL 32233	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTAR, ROBERT	4.2 NAME	
STREET ADDRESS	1120 ATLANTIC BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL 32233	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: *[Signature]* NAMMOUR NAMMOUR 2-15-98 (904) 771-1503

CR2E034 (10/97)