Applied For

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable \$8.75 Additional

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 # P96000086615

1. Corporation Name

City & State

Zip

24

NUVEND, INC.

11012115) 1110				
		_		
Principal Place of Business	Mailing Address 1500 COLONIAL BLVD SUITE 102 FORT MYERS FL 33907			
1500 COLONIAL BLVD SUITE 102 FORT MYERS FL 33907				
2. Principal Place of Business	2a. Mailing Address			
21				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

City & State

28

Zip

25 29 9. Name and Address of Current Registered Agent

Country

YORK, TODD A 1500 COLONIAL BLVD **SUITE 102**

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90074 035 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

10/21/1996 4. FEI Number

65-0707893

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

FOR	T MYERS FL 33907		1					
		84	' '	f L		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE		1.1 TITLE			Chan	ige Addition		
NAME	YORK, RONALD W	1.2 NAME		York, Ronald W. 1500 Chinal Blud Ste 102				
STREET ADDRESS	1500 COLONIAL BLVD, STE 102	1.3 STREE	TADDRE	ESS 1500 Colonial Blud Ste 102		}		
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-S	T-ZIP	Fort Mucis FL 33907				
TITLE	\$ □ DELETE	2.1 TITLE		S/D/V '	Char	nge		
NAME	YORK, MARCIA L	2.2 NAME		York Marcia L				
STREET ADDRESS	1500 COLONIAL BLVD, STE 102	2.3 STREE	TADORE			ļ		
CITY-ST-ZIP	FORT MYERS FL	2. 4 CITY-	ST-ZIP	Fort Divers FL 33907.	_/_			
TITLE	P DELETE	3.1 TITLE		P/D ' '	Char	nge 🔲 Addition		
NAME	YORK, TODD A	3.2 NAME		York, Todal A States				
STREET ADDRESS	1500 COLONIAL BLVD STE 102	3.3 STREE	TADDRE	ESS 1500 Colonial Blad Ste loz		į		
CITY-ST-ZIP	FT. MYERS FL	3.4. CITY-	ST-ZIP	Fort Myers FL 33907	\mathcal{L}			
TITLE	V □ DELETE	4.1 TITLE		1 V/D	Char	nge		
NAME	YORK, MARC S	4. 2 NAME		Mare S. York Pl 1 Ste 107				
STREET ADDRESS	1500 COLONIAL BLVD STE 102	4.3 STREE	T ADDRE					
CITY-\$T-ZIP	FT. MYERS FL	4.4 CITY-S	T-ZIP	Fort Myers, FL 33907				
TITLE	☐ DELETE	5.1 TITLE		, ,	Char	nge 🔲 Addition		
NAME		5.2 NAME				1		
STREET ADDRESS		5.3 STREE	TADDR	ESS				
CITY-ST-ZIP		5.4 CITY-S	T-ZIP					
III/E		6.1 TITLE			☐ Char	nge 🗌 Addition		
NAME		62 NAME						
STREET ADDRESS		6.3 STREE	TADDRI	ESS				
City-St-ZIP		6.4 CITY-S						
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this applied word or supplemental applied report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an								

Country

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indicated on this annual report of supplemental annual report is due and accurate and that my signature shall have the same legal effect as it 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, with all other like empowered.

Ronald W. 4th Jucoura SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-936-5556 x 14