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 # **P96000093378**

NAVIX OF OSCEOLA, INC.

		i e				-			
Principal Place of Business Mailing Address									
2601 SOUTH BAYSHORE DRIVE 2601 SOUTH BAYSHORE DRI						,			•
SUITE 500		SUITE 500				DO NOT WORTH IN THE COACE			
COCONUT GRO	JVE FL 33133	COCONUT GROVE FL 33133 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						11/14/1996			
2 Principal P	lace of Business	2a. Mailing Address				4, FEI Number			plied For
— '	iace of Business	⊢ •	Maining Address				-		ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			59-3409467		\$8.75		
22	, o.c.	27			ر	5. Certifcate of Status Desired		Fee Re	
City & Stat	A	City & State			-	6. Election Campaign Financing			May Be
23	-	28				Trust Fund Contribution	, 🗅	Added	
Zip	Country	Zip Country				8. This corporation owes the cu	rrent vear in		
24	25	P	0			Personal Property Tax.		Yes	□No
	9. Name and Address of Current					10. Name and Address of New	Registered	Agent	
The state of the s				81 Nam	e	<u> </u>			
TANNER, W. BARRY			}-	82 Street Address (P.O. Box Number is Not Acceptable)				 	
	I'S. BAYSHORE DRIVE	3lieet Ad			, Augies	areas (1			
	E 500	83			· 1000 1000 1000 1000 1000 1000 1000 10				
COCONUT GROVE FL 33133			ŀ	84 City				85 Zip (Code
				J.,			FL	- 55	-
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 a	<u>.</u>					• • •		· ·
	•	gent signatur	e required w	when reinstating)	DATE .	ID DIDEOTO	100 114 40		
12.	OFFICERS AND	DELETE	13.		1	ADDITIONS/CHANGES TO O	FFICERS AF	Change	Addition
	D CUMAN MUTO T	C) DELETE							1 70010011
NAME	GILMAN, MILES E		1.2 NAM						*
STREET ADDRESS	2601 S BAYSHORE DR STE 500			EET ADDRES	\$				
CITY-ST-ZIP TITLE	COCONUT GROVE FL 33133	. DELETE	1.4 C/IT\ 2.1 TITL	/-ST-ZIP				Change	Addition
	· ·					,		☐ change	. CJAddillon
NAME	TANNER, W. BARRY		2.2 NAM		_				}
STREET ADDRESS	2601 S BAYSHORE DR STE 500			EET ADDRES	8				
CITY-ST-ZIP	COCONUT GROVE FL 33131	DELETE	_	Y-ST-ZIP	-			[] Change	Addition
TITLE	BAN BORNE	- DEFEIE	3.1 TITE				•	□ change	
NAME	a subset such		3.2 NAM		_	• .			
STREET ADDRESS	T 438	•		EET ADDRES	S				47. 15.15
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NAME	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 4. A.	4. 2 NAM						•
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NAME	$t = \epsilon$			EET ADORES	8			• .	
STREET ADDRESS	a		1		٦	4	ů.		
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NAME			6.2 NAM						
STREET ADDRESS				EET ADDRES	⁸	•			
CITY-ST-ZIP	The state of the s		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, with all other like empowered.

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90029 022 ***150.00