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 # P96000101070 1. Corporation Name

NAD WITADO LIONAE INADDOMENAENT INC

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90110 013 ***150.00

Principal Place 23275 NOEL W/ BOCA RATON F	. ·	Mailing Address 23275 NOEL WAY BOCA RATON FL 33433			DO NOT WRITE IN THI 3. Date Incorporated or Qualifed		
					12/13/1996		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 65-0714651	Not	lied For Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	quired
City & State	8	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 h Added to	
Zip	Country	Zip Country		8. This corporation owes the current year la	ntangible		
24	25	29 36	0	- 	Personal Property Tax.		□No -
	9. Name and Address of Current	Registered Agent		I Name	10. Name and Address of New Registered	a Agent	
DIO!	IOD IOUN		81	Name			
BISHOP, JOHN 5637 PACIFIC BOULEVARD #2904			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	A RATON FL 33433		83				
			84	City	F	85 Zip C	ode
44 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above	e-named cor	poration submits this statement for the purpose of	of changing its i	- Ogrotorou
Affino or to	egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	nonzed by la Statutes	tne corporat	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint the purpose of the statement of the purpose of tion's board of directors. I hereby accept the appoint the purpose of the pur	ointment as reg	istered
office or re agent. I at	onietorod agant or both in the State Ol	Horida. Such change was autrons of, Section 607.0505, Floridand title if applicable. (NOTE: Re	nonzed by la Statutes	tne corporat	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS.	AND DIRECTO	RS IN 12
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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 an attachment with an address, with all other like empowered.

SIGNATURE:

re required