

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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90234 030 \*\*\*150.00

DOCUMENT # P97000000989

1. Corporation Name  
NWF REAL ESTATE MANAGEMENT, CO.



Principal Place of Business Mailing Address  
A CHICAGO AVE 7201 Bruner St. P.O. BOX 37533  
FL 32526 PENSACOLA FL 32526  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7201 Bruner St. Suite, Apt. #, etc. City & State Pensacola, FL Zip 32526	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country US	3. Date Incorporated or Qualified 01/06/1997	4. FEI Number 59-3422548 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHUSTER, CHARLES A  
119 WEST GARDEN ST.  
PENSACOLA FL 32501

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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
<p>P <input checked="" type="checkbox"/> DELETE PETER, CHRISTOPHER W 1152 HARBOR LANE GULF BREEZE FL 32561</p>	<p>1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP</p>
<p>S <input type="checkbox"/> DELETE BARGER, ERWIN D 11275 SEAGLADES DRIVE PENSACOLA FL 32507</p>	<p>2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP</p>
<p><input type="checkbox"/> DELETE</p>	<p>3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP</p>
<p><input type="checkbox"/> DELETE</p>	<p>4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP</p>
<p><input type="checkbox"/> DELETE</p>	<p>5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</p>
<p><input type="checkbox"/> DELETE</p>	<p>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</p>

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.

SIGNATURE:

SIGNATURE REQUIRED  
Richard M. Oertling  
4/6/99

Date

Daytime Phone #

850-453-3900

CR2E034 (1/98)