## 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 # **P97000001762**1. Corporation Name

NINOS, INC.

## FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90116 008 \*\*\*150.00



Principal Place of Business Mailing Address							. 68181   IIBN 1881 <b>8</b>	BI(10 1101 1001
1402 EAST FLETCHER AVENUE 1402 EAST FLETCHER AVENUE			VENIE					
TAMPA FL 3361		TAMPA FL 33612				DO NOT WINTE IN THE STACE		
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		(
						01/02/1997 4. FEI Number		plied For
— ·	lace of Business	2a. Mailing Address						t Applicable
21	W	26 Suite Ant # ata				59-3419992	\$8.75	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•			5. Certifcate of Status Desired	Fee Re	
22 Cib. 8 Ctmts		27 City.& State				6. Election Campaign Financing	\$5.00	<u> </u>
City_&_State	<u> </u>	28				Trust Fund Contribution	Added t	
23 Zip	Country	Zip	Cou	untry	-	8. This corporation owes the current year in		
24	25	29	30	•		Personal Property Tax.	Yes	□No
24]	9. Name and Address of Curren		1501	T		10. Name and Address of New Registered	Agent	
				81	Name			
KAN	TARAS, K D			00	- C++ A	ress (P.O. Box Number is Not Acceptable)		
2725	OARK DRIVE			82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
SUIT	E 3			83				
CLE	ARWATER FL 34623						ne   7:- (	
				84	City	FI	85 Zip (	-ode
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorize	d by t	-named corp he corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appe	of changing its pintment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered	d Agent	signature require	ed when reinstating) DATE		
4.0								=======================================
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	ID DIRECTORS	1.1 T	ITLE		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
	D Uzel, mustafa	☐ DELETE	1.1 Π 1.2 N	ITLE IAME		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D Uzel, mustafa 15420 Livingston ave. #310	☐ DELETE	1.1 Π 1.2 N	ITLE IAME	ADDRESS	ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME	D Uzel, mustafa	□ DELETE	1.1 TI 1.2 N 1.3 S 1.4 C	ITLE  IAME  STREET / CITY-ST-		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE NAME STREET ADDRESS	D Uzel, mustafa 15420 Livingston ave. #310	☐ DELETE	1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI	ITLE IAME STREET A CITY-ST-		ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Uzel, mustafa 15420 Livingston ave. #310	□ DELETE	1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N	ITLE  IAME  STREET A  CITY-ST-  TITLE  VAME	-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D Uzel, mustafa 15420 Livingston ave. #310	DELETE	1.1 TO 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C	ITLE IAME STREET / ITLE IAME STREET / CITY-ST	-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
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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, of on an attachment with an address, with all other like empowered.

SIGNATUR	₹	L
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SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR