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 # P9700005404

Corporation Name

N & J OF FORT MYERS, INC.

Principal Place of Business		Mailing Address			
1339 S.E. 12TH TERRACE 1339 S.E. 1		1339 S.E. 12TH TERRACE			
CAPE CORAL FL 33990		CAPE CORAL FL 33990		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed	
				01/17/1997	•
	B	2a. Mailing Address		4. FEI Number	Applied For
	l Place of Business	\vdash		65-0722394	Not Applicable
21	-	Suite, Apt. #, etc.			\$8.75 Additional
<u> </u>	pt. #, etc.	27		5. Certificate of Status Desired	Fee Required
22 City & S	State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	nate	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29 30	5	Personal Property Tax.	☐ Yes XNo
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registere	d Agent
			81 Name		
SHUNNARAH, NABEEL G 1339 S.E. 12TH TERRACE			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
			OI SHEEL AG	adioss (F.O. Dox Hambol to Hot Hotel	
C/	APE CORAL FL 33990		83		
			94 05		85 Zip Code
			84 City	F	L
office o	ant to the provisions of Sections 607.0 or registered agent, or both, in the Sta I am familiar with, and accept the obli	te of Florida. Such change was autt	ionzed by the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its registered pointment as registered
SIGNATUR	RE		egistered Agent signature requ	uired when reinstating\	
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PSTD	□ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHUNNARAH, NABEEL G		1.2 NAME		
STREET ADDRE	AND OF ANTIL TERRACE		1.3 STREET ADDRESS	•	
	CAPE CORAL FL 33990		1.4 CITY-ST-ZIP		
CITY-ST-ZIP	OAI E COIVAE I E COOSC	☐ DELETE	2.1 TITLE		☐ Change ☐ Additio
NAME			2.2 NAME		
STREET ADDRI	ree		2.3 STREET ADDRESS		•
	E33		2. 4 CITY+ST+ZIP		•
CITY-ST-ZIP		☐ DELETE	3.1 TITLE		☐ Change ☐ Additio
NAME			3 2 NAME		-
STREET ADDRI	ESS		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
U11 U1-2					

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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Nall C. Shumiarch = QUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

☐ DELETE

3_ 9_ 9 9 Date

941 3377161

☐ Change

☐ Change

Change

☐ Addition

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FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90130 023 ***150.00