

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00.

FILED

Feb 04, 1999 8:00 am
Secretary of State

02-04-1999 90013 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000013196

1. Corporation Name

NAPHOLCZ ENTERPRISE, INC.



Principal Place of Business 131 NW 188 AVE. PEMBROKE PINES FL 33029	Mailing Address 131 NW 188 AVE. PEMBROKE PINES FL 33029
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/10/1997		4. FEI Number 65-0743243		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required		6. Election Campaign Financing ☐		\$5.00 May Be Added to Fees		Trust Fund Contribution	
8. This corporation owes the current year Intangible Personal Property Tax.		☒ Yes ☐ No							

9. Name and Address of Current Registered Agent NAPHOLCZ, KAROLY 131 NW 188 AVE. PEMBROKE PINES FL 33029				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	NAPHOLTZ, KAROLY			1.2 NAME			
STREET ADDRESS	131 NW 188 AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33029			1.4 CITY-ST-ZIP			
TITLE	P	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	NAPHOLTZ, JOAN			2.2 NAME			
STREET ADDRESS	131 NW 188 AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33029			2.4 CITY-ST-ZIP			
TITLE	T/S	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	NAPHOLTZ, JANOS TIBAR			3.2 NAME			
STREET ADDRESS	131 NW 188 AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33029			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: *Karoly Napholtz* SIGNATURE REQUIRED *Karoly Napholtz* 2/25/99 954-648-6041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)