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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

	1999	DIVISION OF C	CORPORATIO		01-29-1999 90005 036 ***150.00		
DOCU	MENT # P97000	012/52					
1. Corporation	on Name	013 4 33 .					
TRADEV	NINDS OVERSEAS, INC.				· ·		
					1 1800 1800 1900 1900 1900 1900 1900 190	18 0 0 11 000 10110 0180 0 1	13101 4104 1 60 1
Principal Plac	ce of Business	Mailing Address			+ 10041001 110 10111 10011 00411 00111 00111	HAN HANN TIER NINER I	#1190 HH 1961
8254 MIDNIGH	IT PASS ROAD	8254 MIDNIGHT PASS ROA	D		. `		
SIESTA KEY SIESTA KEY							
SARASOTA FL	. 34242	SARASOTA FL 34242			DO NOT WRITE IN TH	IIS SPACE	· · ·
					02/11/1997		
2. Principal F	Place of Business	Za. Mailing Address			4. FEI Number	Anr	olied For
21		26			NOT APPLICABLE	<u> </u>	Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				<u> </u>	
22		27			5. Certificate of Status Desired	Fee Rec	quired
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	₹.	- 7
24	9. Name and Address of Current		30		Personal Property Tax. 10. Name and Address of New Registers		□No
	5. Name and Address of Curent	Registered Agent	81	Name	10. Italiic and Address of New Registere	rd Agent	
STE	PHEN, MEYLAN						
8254 MIDNIGHT PASS ROAD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SIESTA KEY			83				
SARASOTA FL 34242			84	City	<u> </u>	loc Z- C	
t the victory that	r en	The state of the s		City	F	L 85 Zip Co	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-r	named corpo	oration submits this statement for the purpose	of changing its r	egistered
S Gagent. I a	am familiar with, and accept the obligation	ons of Section 607.0505, Flor	ida Statutes.	o corporation	n's board of directors. I hereby accept the app	ontinent as reg	1310,60
SIGNATURE							
12.	Stgnature, typed or printed name of registered agent OFFICERS AND		Registered Agent s 13.	ignature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	26 IN 12
TITLE	D	☐ DELETE	1.1 TITLE		250 ACT DASSE	☐ Change	Addition
NAME	MEYLAN, STEPHEN		1.2 NAME	1	4.60 C. Photo B. Philippin St.	. —	_ ,
STREET ADDRESS	445 000001100 11150		1.3 STREET A	DORESS		7	`. I
CITY-ST-ZIP	CAPE HAZE FL 33946		1.4 CITY-ST-2	ZJP			
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME ·	MEYLAN, LINDA		2.2 NAME	1			
STREET ADDRESS		•	2.3 STREET A	DORESS			
CITY-ST-ZIP	CAPE HAZE FL 33946	7 - 9 - 9	2. 4 CITY-ST-	ZIP ·			
TITLE STATE	2.55m2 \$5.0 50.57	·• DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME + A 13	The War of the South		3.2 NAME	1			
STREET ADDRESS	TA YES		3.3 STREET AL	DORESS	10.000 (13.15) 表語報為多數數樣	h William	
CITY-ST-ZIP,	10 to	☐ DELETE	3.4. CITY-ST-	ZIP		_ Change	
TITLE			4.1 TITLE	-	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	· · Ci Change . · ·	[:] ABUIUON
NAME ADDRESS	· ·	. १५५ अर्थः ।	4. 2 NAME	DDD-00	•		
STREET ADDRESS CITY-ST-ZIP	4. 1	in the part of the state of th	4.3 STREET AL		•		
TITLE		☐ DELETE	4.4 CITY-ST-Z	<u> </u>		Change	
NAME	:		5.2 NAME	4			Addition
STREET ADDRESS		. •	3.2 NAME	1			☐ Addition
		. \$	5.3 STREET AL	DDRESS		- بىلادىدى ئالىرى	∐ Addition I
CITY-ST-ZIP	3	را در المنظر الدر المناطقين المنطق المنطقة ال	4	J	فيخصف والمراقب والمستراك والمحاودات	<u></u>	Addition
CITY-ST-ZIP		☐ DELETE	5.3 STREET AL	J	s and the second se	Change	☐ Addition
	115 (20 Mes No. 2)		5.3 STREET AL	J	e en la fina en proposition de la companya del la companya de la c	☐ Change	
TITLE			5.3 STREET AL 5.4 CITY: ST-Z 6.1 TITLE	IP	e en de la companya	Change	

14. I hereby certify that the information supplied with this filling 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: GNATURE AN

(arysmakasa) 3810/91016.

1.12.99 (941)

941) 346 0113