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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # **P97000014821** 

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90122 040 \*\*\*158.75

	NLES, INC.							
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Principal Plac	e of Business	Mailing Address			-	IANG BANN BĀNA BANN <b>AQ</b> IDI	I ANDRI DIDEN IZNID	\$1001 1101 100f
ONE LAS OLAS	S CIRCLE	ONE LAS OLAS CIRCLE			•			
SUITE #116 SUITE #116								
FT LAUD FL 3	3316	FT LAUD FL 33316				OT WRITE IN THIS	SPACE	
US		US			3. Date Incorporated or	Qualifed		1
			·		02/12/1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		<del></del>	plied For
21		26			65-0732446			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status D	esired ីី	\$8.75 A	
22		27		· · ·		<u> </u>	Fee Re	<del>`</del>
City & Stat	e	City & State			6. Election Campaign Fi	- 11	\$5.00	
23	0	28	Countr		Trust Fund Contributi	on	Added to	o Fees
Zip	Country	Zip		у	8. This corporation owe:	•	tangible Yes	□No
24	25	<del></del>	30		Personal Property Ta  10. Name and Address			
	9. Name and Address of Current	Registered Agent	8	1 Name	TO, Marile and Address	OI New Registered	- Agent	
FISH	ier, dennis jr			Name		·	_	
	LAS OLAS CIRCLE		8:	2 Street A	ddress (P.O. Box Number is No	t Acceptable)		1
	E #116		8:	<del>.</del>				
	T LAUDERDALE FL 33316		0.	<b>"</b>				
			84	4 City			85 Zip C	ode
				<u> </u>		FL		
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	t and 607,1508, Florida Statute of Florida. Such change was au	es, the about thorized b	ve-named c v the corpor	corporation submits this statement ration's board of directors. I here	nt for the purpose of by accept the appo	r cnanging its intment as reg	registered j gistered i
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flor	ida Statute	s.		• • • • • • • • • • • • • • • • • • • •	-	
SIGNATURE								i
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Age	ent signature rec	quired when reinstating) ADDITIONS/CHANGE	DATE	ID DIRECTO	50.151.40
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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:

Dennis Fisher, Jr.

2/22/99

954/525-7909