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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000020848

NANSEP4 CORPORATION

Principal Plac	ce of Business	Mailing Address				-\		
3452 WEST BOYNTON BEACH BLVD. 3452 WEST BOYNTON BEAC				,				
SUITE 2 SUITE 2				II OLVO.				
BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436						DO NOT WRITE IN THIS SPACE		
us us						3. Date Incorporated or Qualifed		
						03/06/1997		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				65-0743039	. N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				-5Certificate of Status Desired		Additionat
22 SUI	ite /	27 Suite /	,				Fee R	Required
City & Stat	te .	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year		
24	25		30			Personal Property Tax.	☐Yes	Æ ¶No
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Registe	red Agent	
O'H	ARA, PATRICK M			81	Name			
	DATURA STREET		ŀ	82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	TE 100		ļ	\perp				
	ST PALM BEACH FL 33401			83		٠.		
WEG	ST FACINI DEACHT E 33401		F	84	City		85 Zip	Code
	•				<i></i> ,	. •	FL	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the ab	ove-r	named corpo	ration submits this statement for the purpos o's board of directors. I hereby accept the a	e of changing it	s registered
onice of t	egistered agent, or both, in the state	of Florida. Such change was au	inionzea	руши	e corporation	is board or directors, i hereby accept the a	ppommem as n	egistered
agent. I a	iiii iailiiiiai wiiii, and accept tile obliga	itions of, Section 607.0505, Flori	ida Statu	ıtes.				
agent. I a	ini lamililar with, and accept the obliga	ations of, Section 507,0505, Fior	ida Statu	ites.				
agent. I a SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:		ites.	ignature required v			
agent. i a SIGNATURE 12.	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered /	ites. Agent si			E S AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered /	Agent si		when reinstating) DAT	E	
agent. i a SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN PSTD SARKELA, RODNEY T	nt and title if applicable. (NOTE: ND DIRECTORS	Registered /	Agent si		when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN PSTD SARKELA, RODNEY T 3452 WEST BOYNTON BEACH	nt and title if applicable. (NOTE: ND DIRECTORS	Registered / 13. 1.1 TITI 1.2 NA/	Agent si		when reinstating) DAT	S AND DIRECTO	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PSTD SARKELA, RODNEY T	Int and title if applicable. (NOTE: ND DIRECTORS DELETE H BLVD.	13. 1.1 TITI 1.2 NAV 1.3 STF 1.4 CIT	Agent si LE ME REET AL Y-ST-Z	ignature required to	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PSTD SARKELA, RODNEY T 3452 WEST BOYNTON BEACH	nt and title if applicable. (NOTE: ND DIRECTORS	13. 1.1 TITI 1.2 NA/	Agent si LE ME REET AL Y-ST-Z	ignature required to	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTO	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSTD SARKELA, RODNEY T 3452 WEST BOYNTON BEACH	Int and title if applicable. (NOTE: ND DIRECTORS DELETE H BLVD.	13. 1.1 TITI 1.2 NAV 1.3 STF 1.4 CIT	Agent si LE ME REET AL Y-ST-Z	ignature required to	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTO	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN PSTD SARKELA, RODNEY T 3452 WEST BOYNTON BEACH	Int and title if applicable. (NOTE: ND DIRECTORS DELETE H BLVD.	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI	Agent si LE ME REET AL Y-ST-Z LE	ignature required to	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTO	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PSTD SARKELA, RODNEY T 3452 WEST BOYNTON BEACH	Int and title if applicable. (NOTE: ND DIRECTORS DELETE 1 BLVD.	13. 1.1 TITI 1.2 NA/ 1.3 STF 1.4 CIT 2.1 TITI 2.2 NA/ 2.3 STF	Agent si LE ME REET AL Y-ST-Z LE	DDRESS DDRESS	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTO	ORS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PSTD SARKELA, RODNEY T 3452 WEST BOYNTON BEACH	Int and title if applicable. (NOTE: ND DIRECTORS DELETE H BLVD.	13. 1.1 TITI 1.2 NA/ 1.3 STF 1.4 CIT 2.1 TITI 2.2 NA/ 2.3 STF	Agent si Agent si ME REET AL Y-ST-Z LE ME REET AL TY-ST-Z	DDRESS DDRESS	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTO	ORS IN 12 Addition
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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 chapter 6, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

(561) 734-8202