**FILED** 

Jul 13, 1999 8:00 am Secretary of State

07-13-1999 90012 016 \*\*\*550.00

AMOUNT DUE UN OK BEFORE USTEINST \$330 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINGTATE. FLORE

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 P97000030006

MACOUNTY BANKAGEMENT INC

	NIS MANAGEMENT, INC.						
Principal Plac	e of Business	Mailing Address			- i iberiter ine iditi iddu gallis galli galli	. Sålå is sere Sørit SP();	97" E 8111 1451
	an avenue n.e.	2071 MICHIGAN AVENU					
ST. PETERSBURG FL 33703 ST. PETERSBURG F			L 33703		DO NOT WRITE IN THIS SPACE		
					3, Date incorporated or Qualified		
					04/02/1997		
9 D.I. ala -1 D	New of Business	2a. Mailing Address			4. FEI Number	App	lied For
			ming Address		59-3436110	<del></del>	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional	
22	. #, 010.	27			5. Certificate of Status Desired	Fee Rec	tuirect
_ City & Stat	le	City & State			- 8Election Campaign Financing	\$5:00	Maỳ Be
23		28	<del></del> -		Trust Fund Contribution	- Added to	Fees
Zip	Country	Zip	Cour	itry	8. This corporation owes the current year		
24	25	29	30		Intangible Personal Property.	Yes L	No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	red Agent	
			-	81 Name			Í
	GINNIS, GLENN M		82 Street Ad		dress (P.O. Box Number is Not Acceptable)		
2071 MICHIGAN AVENUE N.E.							
Sr.	PETERSBURG FL 33703		ĺ	83			
			}	84 City		85 Zlp C	ode
			]			FL	
agent. I	•				pration submits this statement for the purpose ion's board of directors. I hereby accept the s		
	Signature, typed or printed name of registered age				<u> </u>	TE	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable	(NOTE: Register	nd Agent signature req	u/ked when reinstating} DV	TE	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI  DPS MCGINNIS, LYNN M	ent and title if applicable ND DIRECTORS DELETE	(NOTE: Register	ad Agent signature req	u/ked when reinstating} DV	TE S AND DIRECTOR	RS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the semption 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 chapted, or on an attachment with an address.