

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

0307555

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90200 012 \*\*\*150.00

DOCUMENT # P97000030673

1. Corporation Name  
NACCOM, INC.

Principal Place of Business  
2913 N.W. 82ND AVENUE  
MIAMI FL 33122

Mailing Address  
2913 N.W. 82ND AVENUE  
MIAMI FL 33122



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1555 NorthPark Drive

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Weston FL

Zip

24 33326

Country

25 USA

2a. Mailing Address

26 1555 NorthPark Drive

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Weston FL

Zip

29 33326

Country

30 USA

3. Date Incorporated or Qualified

04/04/1997

4. FEI Number

65-0743128

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

CHARLEY, NEIL A  
2913 N.W. 82ND AVENUE  
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name

Neil A. Charley

82 Street Address (P.O. Box Number is Not Acceptable)

1555 NorthPark Drive Suite 100

83

84 City

Weston

FL

85 Zip Code  
33326

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

*Neil A. Charley*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-14-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CHARLEY, NEIL A

STREET ADDRESS 2913 N.W. 82ND AVENUE

CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Charley, Neil A

1.3 STREET ADDRESS 1555 NorthPark Drive Suite 100

1.4 CITY-ST-ZIP Weston, FL 33326

2.1 TITLE S ☐ Change ☒ Addition

2.2 NAME Charley, Renee A

2.3 STREET ADDRESS 1555 NorthPark Drive Suite 100

2.4 CITY-ST-ZIP Weston FL 33326

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*Neil A. Charley* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

Date

954 385-2041

Daytime Phone #

CR2E034 (11/98)