F COR ANNU	PROFIT PROFIT PORATION IAL REPORT 1999		FLORIDA DEPARTMEN Katherine Ha Secretary of St DIVISION OF CORPO		STATE	FILED Mar 30, 1999 8:00 an Secretary of State 03-30-1999 90045 049 ***150.00		te
, Corporation	MENT # P9 Name N GROUP, INC	7000031	640					
Principal Place of Business Mailing Address 8971 NORTH FEDERAL HIGHWAY 6971 NORTH FEDERAL HIGHWAY SUITE 105 SUITE 105 BOCA RATON FL 33487 BOCA RATON FL 33487						DO NOT WRITE IN 3. Date Incorporated or Qualifed 04/07/1997	THIS SPACE	•
i ,	ace of Business	Ь	Address			4. FEI Number		plied For Applicable
Suite, Apt.	#, etc.		uite, Apt. #, etc.			65-0743900	\$8.75 A	ditional
City & State			27 City & State			6. Election Campaign Financing	Fee Rei \$5.00	May Be
Zip				Country		Trust Fund Contribution S. This corporation owes the current yes	Added to ar Intangible	
25 29 3 9. Name and Address of Current Registered Agent				0		Personal Property Tax. 10. Name and Address of New Register		
I. Pursuant	egistered agent, or both m familiar with, and acc	, in the State of Florida ept the obligations of, S	. Such change was auto ection 607.0505, Florid	la Statute:	e-named corp the corporation	poration submits this statement for the purpo on's board of directors. I hereby accept the a		registered
	Signature, typed or printed name	of registered agent and title if a		egistered Age	nt signature require	ADDITIONS/CHANGES TO OFFICER		RS IN 12
2. TLE WAE TREET ADDRESS	d Sherwin, Martin 6971 North Fede	RAL HIGHWAY, SUI		1.1 TITLE 1.2 NAME 1.3 STREE	TADORESS		Change	Addition
TY-ST-ZIP TLE ME TREET ADDRESS	BOCA RATON FL 3	5407			T ADDRESS		Change	Addition
IY-ST-ZIP LE ME REET ADDRESS					T ADORESS		Change	Addition
I <u>Y-ST-ZIP</u> LE ME REET ADDRESS					T ADDRESS		Change	Addition
<u>'Y-ST-ZIP</u>	· · · · · · · · · · · · · · · · · · ·		DELÉTE	4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE			Change	Additio
ME REET ADDRESS IY-ST-ZIP				5.4 CITY-	ет 710 ⁻¹			

SIGNATURE:

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 attactment with an address, with all other like empowered.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Device Printed Print

561-470-0801 Daytime Phone #

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