

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90160 041 ***150.00

DOCUMENT # P97000034061

1. Corporation Name

LOU NYARY COMMUNICATIONS INC.



Principal Place of Business

**6321 B-5 NEWTOWN CIRCLE
TAMPA FL 33615**

Mailing Address

**6321 B-5 NEWTOWN CIRCLE
TAMPA FL 33615**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3111 E. 3RD AVE.

2a. Mailing Address

26 3111 E. 3RD AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAMPA FL.

City & State

28 TAMPA FL.

Zip

24 33605

Country

25 USA

Zip

29 33605

Country

30 USA

3. Date Incorporated or Qualified

04/14/1997

4. FEI Number

59-3444147

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

**NYARY, LOUIS
6321 B-5 NEWTOWN CIRCLE
TAMPA FL 33615**

81 Name

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

3111 E. 3RD AVE.

83

84 City

Tampa

FL

85 Zip Code
33605

10. Name and Address of New Registered Agent

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

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PVTS
NYARY, LOUIS
6321 B-5 NEWTOWN CIRCLE
TAMPA FL 33615**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **3111 E. 3RD AVE**

1.4 CITY-ST-ZIP **TAMPA, FL 33605**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

Louis S. Nyary PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 242-8823

CR2E034 (11/98)

0579039