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

DOCUMENT # P97000034520

1. Corporation Name

	NIEHPHISES, INC.								
Principal Plac	e of Business	Mailing Address		-	- 1 (00)(00) (10 (0))((00)(00)(##16f #3141 6 3(60 114) 8	Valet e dikle i	1811 8811 1481	
5590 S. PINE ISLAND ROAD DAVIE FL 33328 5590 S. PINE ISLAND ROAD DAVIE FL 33328					DO NOT WE	RITE IN THIS SPA	CE		
					3. Date Incorporated or Qualife 04/16/1997				
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		App	olied For	::
21		26			65-0757838			Applicable	8
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	_ \$	8.75 A Fee Red		7
City & Stat	te	City & State			6. Election Campaign Financing	g=;	\$5:00-i	•	==
Zip	Country Zip		Country		8. This corporation owes the current year Intangible				
24	25	29 30	9]		Personal Property Tax. 10. Name and Address of New				
	9. Name and Address of Current	r Registered Agent	81 Na	ame	TU, Haine and Address of New	r Kegisteled Agei			
, MYR	RON, DIANE								ĺ
5590	S. PINE ISLAND ROAD		82 St	reet Addre:	Address (P.O. Box Number is Not Acceptable)				
DAV	1E FL 33328		83			1000 (4.217)	ducă	(\$ 1 \$\$ a) \$\(\delta\)	
			24 0				7	161 July 1884	
			84 Ci	ty	-	FL 8	5 ZIP C	ode	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligate	2 and 607.1508, Florida Statutes, of Florida. Such change was auth	the above-na orized by the	med corpor corporation	ration submits this statement for the state of directors. I hereby acc	ne purpose of char cept the appointme	nging its a ent as reg	registered jistered	
l		ions of, Section 607.0505, Florida	a Statutes.			•			
SIGNATURE	•					DATE		·	_
	•	t and title if applicable. (NOTE: Re			when reinstating)	DATE		·	(80)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	gistered Agent sign		when reinstating) . , , · · · ; ADDITIONS/CHANGES TO C	DATE DEFICERS AND D		·	(44,00)
12.	Signature, typed or printed name of registered ageni	t and title if applicable. (NOTE: Re	gistered Agent sign		when reinstating) . , , , , , , ,	DATE DEFICERS AND D	IRECTO	RS IN 12	24 (44/00)
12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND D MYRON, DIANE	t and title if applicable. (NOTE: Re	gistered Agent sign 13. 1.1 TITLE	ature required v	when reinstating) . , , · · · ; ADDITIONS/CHANGES TO C	DATE DEFICERS AND D	IRECTO	RS IN 12	(00/14/00)
12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI D MYRON, DIANE	t and title if applicable. (NOTE: Re D DIRECTORS	gistered Agent sign 13. 1.1 TITLE 1.2 NAME	ature required v	when reinstating) . , , · · · ; ADDITIONS/CHANGES TO C	DATE DEFICERS AND D	IRECTOR Change	RS IN 12	144,000
12. TITLE NAME STREET ADDRESS	Signature. typed or printed name of registered agent OFFICERS ANI D MYRON, DIANE 5590 S. PINE ISLAND ROAD DAVIE FL 33328 D	t and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI	ature required v	when reinstating) . , , · · · ; ADDITIONS/CHANGES TO C	DATE DEFICERS AND D	IRECTO	RS IN 12	CD2E034 (14)/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature. typed or printed name of registered agent OFFICERS ANI D MYRON, DIANE 5590 S. PINE ISLAND ROAD DAVIE FL 33328 D MYRON, DANIEL	t and title if applicable. (NOTE: Re D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ature required y	when reinstating) . , , · · · ; ADDITIONS/CHANGES TO C	DATE DEFICERS AND D	IRECTOR Change	RS IN 12	CD2E024 (14)08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature. typed or printed name of registered agent OFFICERS ANI D MYRON, DIANE 5590 S. PINE ISLAND ROAD DAVIE FL 33328 D MYRON, DANIEL 5590 S. PINE ISLAND ROAD	t and title if applicable. (NOTE: Re D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE	ature required y	when reinstating) . , , · · · ; ADDITIONS/CHANGES TO C	DATE DEFICERS AND D	IRECTOR Change	RS IN 12	CD2E024 (11/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature. typed or printed name of registered agent OFFICERS ANI D MYRON, DIANE 5590 S. PINE ISLAND ROAD DAVIE FL 33328 D MYRON, DANIEL	t and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-ZIP	RESS	when reinstating) . , , · · · ; ADDITIONS/CHANGES TO C	DATE DEFICERS AND D	IRECTOR Change Change	RS IN 12 Addition	CD2E034 (11/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature. typed or printed name of registered agent OFFICERS ANI D MYRON, DIANE 5590 S. PINE ISLAND ROAD DAVIE FL 33328 D MYRON, DANIEL 5590 S. PINE ISLAND ROAD	t and title if applicable. (NOTE: Re D DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 2.4 CITY-ST-ZIP 3.1 TITLE	RESS	when reinstating) . , , · · · ; ADDITIONS/CHANGES TO C	DATE DEFICERS AND D	IRECTOR Change	RS IN 12	CD2E024 (14)08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature. typed or printed name of registered agent OFFICERS ANI D MYRON, DIANE 5590 S. PINE ISLAND ROAD DAVIE FL 33328 D MYRON, DANIEL 5590 S. PINE ISLAND ROAD	t and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ature required v	when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND D	IRECTOR Change Change	RS IN 12 Addition	CD2E034 (11)08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature. typed or printed name of registered agent OFFICERS ANI D MYRON, DIANE 5590 S. PINE ISLAND ROAD DAVIE FL 33328 D MYRON, DANIEL 5590 S. PINE ISLAND ROAD	t and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDI	RESS	when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND D	IRECTOR Change Change	RS IN 12 Addition	ODOCOO (14,08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature. typed or printed name of registered agent OFFICERS ANI D MYRON, DIANE 5590 S. PINE ISLAND ROAD DAVIE FL 33328 D MYRON, DANIEL 5590 S. PINE ISLAND ROAD	t and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.2 NAME 2.3 STREET ADDI 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDI 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.7 NAME 3.8 STREET ADDI 3.7 NAME	RESS	when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND D	Change Change	RS IN 12 Addition Addition	CD2EC34 (44)08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature. typed or printed name of registered agent OFFICERS ANI D MYRON, DIANE 5590 S. PINE ISLAND ROAD DAVIE FL 33328 D MYRON, DANIEL 5590 S. PINE ISLAND ROAD	t and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDI	RESS	when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND D	Change Change	RS IN 12 Addition	(11,08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	Signature, typed or printed name of registered agent OFFICERS AND MYRON, DIANE 5590 S. PINE ISLAND ROAD DAVIE FL 33328 D MYRON, DANIEL 5590 S. PINE ISLAND ROAD DAVIE FL 33328	t and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 2.1 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDI 3.4 CITY-ST-ZIP 4.1 TITLE	RESS RESS	when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND D	Change Change	RS IN 12 Addition Addition	(44)08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND MYRON, DIANE 5590 S. PINE ISLAND ROAD DAVIE FL 33328 D MYRON, DANIEL 5590 S. PINE ISLAND ROAD DAVIE FL 33328	t and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 3.1 TITLE 3.2 NAME 3.3 STREET ADDI 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	RESS RESS	when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND D	Change Change	RS IN 12 Addition Addition	(44)08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	Signature, typed or printed name of registered agent OFFICERS AND MYRON, DIANE 5590 S. PINE ISLAND ROAD DAVIE FL 33328 D MYRON, DANIEL 5590 S. PINE ISLAND ROAD DAVIE FL 33328	t and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 3.1 TITLE 3.2 NAME 3.3 STREET ADDI 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDI	RESS RESS	ADDITIONS/CHANGES TO C	DATE DEFICERS AND D	Change Change	RS IN 12 Addition Addition	CD2E034 (44)08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND MYRON, DIANE 5590 S. PINE ISLAND ROAD DAVIE FL 33328 D MYRON, DANIEL 5590 S. PINE ISLAND ROAD DAVIE FL 33328	t and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 3.1 TITLE 3.2 NAME 3.3 STREET ADDI 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDI 4.4 CITY-ST-ZIP 4.5 TITLE 4.2 NAME 4.3 STREET ADDI 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDI 4.4 CITY-ST-ZIP	RESS RESS	when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND D	Change Change Change	RS IN 12 Addition Addition Addition	(44)08)

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.

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90014 018 ***150.00

Change

☐ Addition