

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90013 009 ***550.00

DOCUMENT # P97000046377

1. Corporation Name
NIEDLAND HOLDINGS, INC.

Principal Place of Business
**3127 CASSEEKEY ISLAND RD.
SUITE 400
JUPITER FL 33477
US**

Mailing Address
**3127 CASSEEKEY ISLAND RD.
SUITE 400
JUPITER FL 33477
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/27/1997	4. FEI Number 65-0757259	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. 140 Intracoastal Pt Drive Suite, Apt. #, etc.	25. 140 Intracoastal Pt Dr. Suite, Apt. #, etc.
22. Suite 410 City & State	27. Suite 410 City & State
23. Jupiter, Florida Zip	28. Jupiter, Florida Zip
24. 33477	29. 33477
25. Palm Beach	30. Palm Beach

9. Name and Address of Current Registered Agent

**KEMPE, JOSEPH C ESQ.
1070 E INDIANTOWN RD
SUITE 400
JUPITER FL 33477**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	NIEDLAND, SUZANNE L	1.2 NAME	Niedland, Suzanne L.
STREET ADDRESS	3127 CASSEEKEY ISLAND RD	1.3 STREET ADDRESS	140 Intracoastal Pointe Drive, Ste 410
CITY-ST-ZIP	JUPITER FL 33477	1.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/99

Date

Daytime Phone

(561) 745-0376
(561) 745-1001

CR2E034 (5/99)