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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000057757 (1)

NITANA, INC.

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Charles agree Character Ch

Principal Place of Business

Mailing Address

FILED Apr 20 1998 8:00am Secretary of State



10 COUNTRY CLUB DRIVE EAST DESTIN FL 32541		19 COUNTRY CLUB DRIVE EAST DESTIN FL 32541			· *	14 + 1 × 1			
						DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualified 07/01/1997			
2. Principal Pl	ace of Business	2a. Mailing Address	-			4. FEI Number	Ar	pplied For	
21		26				59-3461919		ot Applicable	
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27						equired	
City & State		<u>⊢</u> ¬ `	City & State			6. Election Campaign Financing		May Be	
23]		28]				Trust Fund Contribution			
Zip	Country	Z _{ip}	<u> </u>	Country		8. This corporation owes or has paid the cu		tangible No	
24	9. Name and Address of Curr	29 29 Agent				Personal Property Tax due June 30. Yes You No 10. Name and Address of New Registered Agent			
	ITEHEAD, JOHN K	ent riegisteres Agent	 ,	Na:	me	10. Hallo silu Addiesa of Hen Hegistolog	- Agoin		
	C OUNT RY CLUB DRIVE EAST		L						
	STIN FL 32541		4	Stre	et Addre	ess (P.O. Box Number is Not Acceptable)			
DEC	FIRE FL 32341		h	13					
			Γ	·					
			[4	14 City	/	FI	85 Zip	Code	
44 Dura cost t	the provisions of Sections 607.0	EOD and EOZ 1EOD Flavida E	totata the ab	10.000		oration submits this statement for the purpose or		to conintered	
office or re	gistered agent, or both, in the Sta	ite of Florida. Such change i	was authorized	by the	corporation	on's board of directors. I hereby accept the ap	pointment as	registered	
agent. I ar	n familiar with, and accept the obl	igations of, Section 607.050	5, Florida Statu	tes.					
SIGNATURE	Signature, typed or printed namicrof registered a	no and this if sout oable	(NO1E: Registered	loon son	al usa sa sa desa	od when reinstalling) DATE			
12.		ND DIRECTORS	13.	sgent sign	store required	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 6	
TITLE		DELETE		<u> </u>	10		Change	M Addition	
NAME			1.2 NAM	ΙE	76	HNK, WHITE HEAD _	•		
STREET ADDRESS				1.3 STREET ADDRESS 19		COUNTRY CLUB DRIVE E	7zA		
CITY-ST-ZIP				-\$1-ZIP	D(estin, FL 32541			
TITLE		DELETE					Change	Addition	
NAME			2.2 NA					ŀ	
STREET ADDRESS			2.3 STR	2.3 STREET ADDRESS				İ	
CITY-ST-ZIP			2. 4 CIT	2. 4 CITY - ST - ZIP					
TALE		☐ DELETE	DELETE 3.1 TITI				Change	Addition	
NAME			3.2 NAM	lE .	J			J	
STREET ADDRESS			3.3 STR	ET ADDRE	ss				
CITY-ST-ZIP			3.4. CIT	7-ST-21P		·			
TITLE		DELETE	4.1 TITL	E			Change	Addition	
NAME			4. 2 NA	AE .				1	
STREET ADDRESS			4.3 STR	et addre	ss			í	
CITY-ST-ZIP			4.4 CITY	- ST - ZIP					
TITLE		DELETE	5.1 TITU	E			Change	Addition	
NAME			5.2 NAN	E)			J	
STREET ADDRESS			5.3 STR	E1 ADDRE	ss				
CITY-ST-ZIP	<u></u>			· ST- ZIP					
TITLE		☐ DELETE	6.1 TITL				☐ Change	Addition	
NAME			62 NAN	E					
STREET ADDRESS			63 STR	ET ADDRE	ss				
CITY-ST-ZIP	_		6.4 C(T)	- ST - ZIP				į	

Thereby 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: John of 1, 10, it alice of Total K. WHITEHEAD