PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90137 006 ***150.00

 Corporation 	NENT # P9700 ND HOLDINGS, INC.	10079809						
Principal Place	of Business	Mailing Address					16 1 4 6 10 10 10 10 1	UILT DELIU IUII 1891
505 WEKIVA SPRINGS ROAD 505 WEKIVA SPRINGS)					
SUITE 800 SUITE 800						BO NOT WRITE IN TH	IC CDACE	
LONGWOOD FL 32779 LONGWOOD FL 32779						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						09/15/1997		
2. Principal Pl	ace of Business	2a. Mailing Address			-	4. FEI Number	Ц	Applied For
21		26			_	59-3472889		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	·	5 Additional Required
City & State	9	City & State				6. Election Campaign Financing	\$5.0	00 May Be
23		28				Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip	Countr	У		8. This corporation owes the current year		res
24	25	<u> </u>	30		_	Personal Property Tax.	Yes	
	9. Name and Address of Cui	rrent Registered Agent	84	. 1		10. Name and Address of New Registere	d Agent	
SUIT LONG	egistered agent, or both, in the St	0502 and 607.1508, Florida Statute ate of Florida. Such change was au ligations of, Section 607.0505, Flori	itnorizea bi	4 Ci	med con	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing	Zip Code g its registered s registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered Ag	ent sign	ature requir	ed when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC	
TITLE	D DELETE			1.1 TITLE			T cus	ião 🖂 Vaditabili
NAME	KEIDAISH, PHILIP F JR PA		1.2 NAME					
STREET ADDRESS				1.3 STREET ADDRESS				
CITY-ST-ZIP	LONGWOOD FL 32779			1.4 CITY-ST-ZIP			☐ Char	nge 🗍 Addition
TITLE		☐ DELETE	2.1 TITLE			•	[_] Criai	ige Addition
NAME			2.2 NAME		1	•		
STREET ADDRESS			2.3 STRE	ET ADO	RESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			□ Char	nge
TITLE	□ D£LETE		3.1 TITLE				☐ Char	ige L. Addition
NAME.		3.2 NAME		-				
STREET ADDRESS			3.3 STRE	ET ADO	RESS			
CITY-ST-ZIP			3.4. CITY-		<u> </u>			**************************************
πιε		☐ D£LETE	4.1 TITLE		}		☐ Char	nge 🗀 Addition
NAME			4. 2 NAM					
STREET ADDRESS			4.3 STRE	ETADO	RESS			

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.

4 4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

OR DIRECTOR

KEIDAISH Je. Prisident 2/16

Daytime Phone #

☐ Change

☐ Change

☐ Addition

Addition

CR2E034 (11/9