## 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 May 07, 1999 8:00 am Secretary of State

05-07-1999 90174 017 \*\*\*150.00

1. Corporation	MENT # P97000 Name NISLAND INVESTMENTS, IN								
Principal Place	e of Business	Mailing Address				1 1981/1881 118 1812/1981/1881/1881/18	<b>9</b> 11) <b>89</b> 19) 11	1)) <b>)</b> ( <b>11)33</b> 1)) <b>)</b> )	11 <b>010 1011 100</b> )
3605 GULF DRI		3605 GULF DRIVE							
HOLMES BEACH		HOLMES BEACH FL 34217							
US		us				DO NOT WRITE	IN THIS	SPACE	
						3. Date Incorporated or Qualifed 10/16/1997			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	plied For
21		26				65-0792804			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	]	\$8.75 A Fee Re	
City & State	е	City & State				Election Campaign Financing Trust Fund Contribution	<u> </u>	\$5.00 Added t	
Zip	Country Zip Co			y		8. This corporation owes the current	year Inta	ingible	_
24	25 29 30					Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent		,		10. Name and Address of New Reg	istered A	\gent	
MASS	ANALICH DADO		81	Name					
KAVANAUGH, BARB			82 Street Addr			ss (P.O. Box Number is Not Acceptable	)		
6610 VIRGINIA CROSSINGITE 303 UNIVERSITY PARK FL 34301				<u> </u>					
UNIV	PERSIT FARK FL 34301		83	3					
			84	City				85 Zip C	Code
							<u>FL</u>		
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	nzed by	/ the corp	corpo	ration submits this statement for the our i's board of directors. I hereby accept the	pose of c ie appoin	changing its itment as re	registered gistered
SIGNATURE							5.4		/
	Signature, typed or printed name of registered agen			ent signature :	required	ADDITIONS/CHANGES TO OFFIC	DATE	DIRECTO	PS IN 12
12.	D OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFIC	ERS ANI	Change	Addition
TITLE	_	_		1.2 NAME					
NAME.					1				1
STREET ADDRESS	DDADENTON EL ONGA			T ADDRESS					
CITY-ST-ZIP				ST-ZIP	┼			Change	Addition
TITLE			2.1 TITLE 2.2 NAME						
NAME			2.3 STREET ADDRESS						
STREET ADDRESS	TO A DELIVERY BY A LOAD				1				1
CITY-ST-ZIP			2. 4 CITY-ST-ZIP 3.1 TITLE		╁──			Change	Addition
TITLE			3.2 NAME					_ •	_
NAME									
STREET ADDRESS				ET ADDRESS	1				
CITY-ST-ZIP			4.1 TITLE	A. CITY-ST-ZIP				Change	Addition
			4. 2 NAME						_
NAME	•								
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		☐ DELÊTE	4.4 CITY-5	SI-ZIP	-			☐ Change	Addition
TITLE			5.1 IIILE 5.2 NAME						
NAME				ET ADDRESS					
STREET ADDRESS			S.S S INCE	~	1				1

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

ECCOUNTETER BESTATOUSKY)

☐ Change

☐ Addition