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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000089544 (5) DOCUMENT #

NEW NASSAU HOST, INC.

Principal Place of Business

Mailing Address

3250 N HIGHWAY 17 YULEE FL 32097

3250 N HIGHWAY 17 YULEE FL 32097

FILED Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

								10/14/1997				
2. Principal Place of Business				2a. Mailing Address					4. FEi Number	I A	pplied For	
21			26						59-3473377	N	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	Additional	
22				27					o. Commente of Status Desired	Fee R	equired	
City & State				City & State					6. Election Campaign Financing	\$5.00	Мау Ве	
23		28					Trust Fund Contribution Added to Fees					
—, ^{Zip}	<u> </u>	Country	\vdash	Žip	<u> </u>	ountry	,		8. This corporation owes or has paid the curr			
24	25	29								No		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent 81 Name					
SLAGLE, SUSAN						01	i lane					
	90 BELFORT (82			Street Address (P.O. Box Number is Not Acceptable)						
	ITE 240		,									
JACKSONVILLE FL 32216						83						
						84	City 85			85 Zip	Code	
									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 p	rinted name of registered agent					nt signature i	required	when reinstating) DATE			
12.	Ď	OFFICERS AND	DIRECT		13				ADDITIONS/CHANGES TO OFFICERS AND			
TITLE		Y, MUHAMMAD S		☐ DELETE		TITLE		32		Change	☐ Addition	
NAME				1.2 NAME			Yuke F1 32097					
STREET ADORESS		SHAM AVENUE			1.3 STREET AD		ADDRESS					
CITY-ST-ZIP	MAGNOLIA	114J U8U49				CITY-S	T-ZIP					
TITLE	D	TAUID		DELETE		TITLE	ł	32	50 - US HWY 17 N.	Change	☐ Addition	
NAME	SHAREEF,					NAME	f				J	
STREET ADDRESS	60 D HUNTERS GLEN APT. DELRAN NJ 08075						2.3 STREET ADDRESS		lules F1 32097.		. [
CITY-ST-ZIP	DELHAM N	J U8U/5		C SELECTE		CITY-S	T-ZIP	<u> </u>				
TITLE				DELETE		TITLE			i	Change	Addition	
NAME					3.2	NAME						
STREET ADDRESS							ADDRESS				ļ	
CITY-ST-ZIP					_	CITY-S	T- ZIP			1		
TITLE				☐ DELETE		TITLE			Ł	Change	☐ Addition	
NAME					4, 2	NAME						
STREET ADORESS					4.3	STREET.	ADDRESS					
CITY - ST - ZIP					4.4	CITY-S1	r-ZIP					
TITLE				☐ DELETE	5.1	TITLE				Change	Addition	
NAME					5.2	NAME						
STREET ADDRESS					5.3	STREET A	ADDRESS				ļ	
CITY - ST - ZIP	<u> </u>				5.4	CITY - ST	- ZIP				i	
TITLE				DELETE	6.1	TITLE				Change	Addition	
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												
indicated t	on inis annual r	eport or supplemental a	nnual r	eport is true and acc	urate a	nd tha	t my sign	nature	snall have the same legal effect as if made und	er oath; tha	atiam an	