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 06, 1999 8:00 am Secretary of State

05-06-1999 90114 040 ***150.00

DOCUMENT # P97000094301

1. Corporation Name

NR INC OF TAMPA

	•					
Principal Place	e of Business	Mailing Address				(1921/12); sie seus seus seut estil aditi gates seus seus ades sins adits) (197 ibit)
503 N. MATAN TAMPA FL 336		503 n. matanzas ave. Tampa fl 33609	•••			DO NOT WRITE IN THIS SPACE
	•					3. Date Incorporated or Qualifed
. ,						11/03/1997
2. Principal P	lace of Business	2a. Mailing Address				4. FE Number Applied For
21		26				Not Applicable \$9.75 Additional
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	⊢ ′			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	intry	······	This corporation owes the current year Intangible
24		29	h			Personal Property Tax.
=-,1	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent
				81	Name	_
	PALAMADUGU, RAO N			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	N. MATANZAS AVE.					
TAM	PA FL 33609			83		
				84	City	85 Zip Code
				1 1	•	oration submits this statement for the purpose of changing its registered
agent. I a SIGNATURE	m familiar with, and accept the obligation				signature required	d when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 Ti	πE		☐ Change ☐ Addition
NAME	CHAPALAMADUGU, RAO N.		1.2 N	AME		
STREET ADDRESS	503 N MANTANZAS AVE		1351	TREETA	ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	<u> </u>	1,4 CI	ITY-ST-2	ZIP	
TITLE		☐ DELETE	2.1 TI	TLE		☐ Change ☐ Addition
NAME			2.2 N			
STREET ADDRESS			2.3 S1	TREET A	ADDRESS	
CITY-ST-ZIP		☐ DELETE		TY-ST-	-ZiP	Change Addition
TITLE		☐ DET¢1E	31 TI			
NAME			3.2 N/		ADDOCCE	
STREET ADDRESS				IREET A ITY-ST-	ADDRESS ZID	
CITY-ST-ZIP		☐ DELETE	4.1 Ti		- 211"	Change Addition
NAME			4. 2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				TY-ST-		
TITLE	<u> </u>	☐ DELETE	5.1 TI		-	☐ Change ☐ Addition
NAME			5.2 N			
STREET ADDRESS			5.3 S	TREET A	ADDRESS	
CITY-ST-ZIP		. 1	5.4 CI	TY-ST-	ZIP	
TITLE		☐ DELETE	6.1 Ti	TLE		☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ANNUESS			63 S	TREETA	ADDRESS	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

727-784-833

CR2E034 (11/98)

= 155 <u>= :::</u>