PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P97000107610

Corporation Name
 NT HOLDING, INC.

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Principal Place of Business

Mailing Address

21666 MARIGOT DRIVE BOCA RATON FL 33428 21666 MARIGOT DRIVE BOCA RATON FL 33428

## FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90195 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2. April 4. FEI Number								-	3. Date Incorpo		(ualifed				
Sulfe, Apt. #, etc.    Sulfe, Apt. #, etc.	2 Principal Place of Rusiness 2a Mailing Address												$\top$	Applie	d For
Sulfe, Apt. #, efc.    27	<del>-</del> i '	lace of business	<del></del> -	ing / lauross											
City & State   City &		# etc		e. Apt. #. etc.									\$8.7	5 Add	itional
To Street Address of Current Registered Agent  28	22		27									<u> </u>	Fee	Requi	red
Zip   Country   Zip   Country   Zip   Gountry   Restance   Resta	City & State	e	City	& State							-		•		•
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  TYGAR, NEIL 21668 MARICOT DRIVE BOCA RATON FL 33428  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes.  SIGNATURE Signature, typed or private tame of registered apper and tills if septiable.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. STREET ADDRESS 11. GENERAL ADDRESS 11.	23									···				ed to F	ees
9. Name and Address of Current Registered Agent  TYGAR, NEIL 21666 MARIGOT DRIVE BOCA RATON FL 33428  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Flonds Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, urboth, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and ammiliar with, and accept the onliquition of, Section 607,0502, Florids Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. TITLE  15. NAME  17. VAR. RILL 18. DELETE 18. STREET ADDRESS  CITY-ST-2P 10. DELETE 11. TITLE 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. CITY-ST-2P 10. DELETE 13. TITLE 14. CITY-ST-2P 14. CITY-ST-2P 15. TITLE 15. T	Zip	Country	Zip			ntry						nt year Inti			NI.
TYGAR, NEIL 21686 MARIGOT DRIVE BOCA RATON FL 33428  82   Street Address (P.O. Box Number is Not Acceptable)  83   84   City   FL   85   Zip Code  84   City   FL   85   Zip Code  85   20   Code  86   20   City   FL   85   Zip Code  87   City   FL   85   Zip Code  88   City   FL   85   Zip Code  89   City   FL   85   Zip Code  89   City   FL   85   Zip Code  80   City   FL   85   Zip Code  80   City   FL   85   Zip Code  81   City   FL   85   Zip Code  82   City   FL   85   Zip Code  83   City   FL   85   Zip Code  84   City   FL   85   Zip Code  85   Zip Code  86   City   FL   85   Zip Code  87   City Code  88   City   FL   85   Zip Code  89   City   FL   85   Zip Code  89   City   FL   85   Zip Code  80   City   FL   85   Zip Code  80   City   FL   85   Zip Code  80   City   FL   85   Zip Code  81   City   FL   85   Zip Code  82   City   FL   85   Zip Code  83   City   FL   85   Zip Code  84   City   FL   85   Zip Code  85   Zip Code  86   City   FL   85   Zip Code  87   City Code  88   City   FL   85   Zip Code  89   City   FL   85   Zip Code  80   City   FL   85   Zip Code  81   City   FL   85   Zip Code  82   City   FL   85   Zip Code  83   City   FL   85   Zip Code  84   City   FL   85   Zip Code  85   Zip Code  86   City   FL   85   Zip Code  87   City   FL   85   Zip Code  88   City   FL   85   Zip Code  89   City   FL   85   Zip Code  80   City	24				30									<u> </u>	NO
TYGAR, NEIL 21666 MARIGOT DRIVE BOCA RATON FL 33428  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City		9. Name and Address of Current	Registered	Agent		04	Mana		10. Name and	Address o	T New K	egisterea /	Agent		
21666 MARGOT DRIVE BOCA RATON FL 33428  82 Stroet Address (P.O. Box Number is Not Acceptable)  83	TVG	AD NEII				01	Name								
BOCA RATON FL 33428    B3						82	Street A	Address	s (P.O. Box Num	ber is Not	Acceptal	ble)			
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 agent, or both, in the State of Florida, Such change was authors exercise the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  STERIAL SUBMINION STATE Signature, Typed or printed name of registered agent and title in speciation. (NOTE Registered Agent registered when refreshing)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  15. TITLE  12. AND STREET ADDRESS  CITY-51-2P  14. TITLE  15. STREET ADDRESS  14. CITY-51-2P  15. TITLE															
THE Prevalent 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  17. TIGAR, NEL  21666 MARIGOT DRIVE  21. STREET ADDRESS  CITY. 51-2P  10. DELETE  21. STREET ADDRESS  CITY. 51-2P  11. STREET ADDRESS  CITY. 51-2P  12. STREET ADDRESS  CITY. 51-2P  13. STREET ADDRESS  CITY. 51-2P  14. STREET ADDRESS  CITY. 51-2P  15. STREET ADDRESS  CITY. 51-2P  16. STREET ADDRESS  CITY. 51-2P  17. STREET ADDRESS  CITY. 51-2P  CITY.	BUC	A HATUN FL 33428				83									
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 697.9505, Floridas Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. TITLE  14. TITLE  15. TITLE						84	City					Fi	85 Z	ip Coc	le
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, in the finding such and accept the obligations of, Section 607.505.5°, Florida Statutory. Florida	44 15	4- 4	and 607 45	No Elorido Ctatut	oc the el	201/2	-named a	ornoro	tion submite this	statemen	t for the r		changing	its rer	ristered
SIGNATURE    Signature, Typind or printid name of registered agent and title if spiricable. (NOTE Registered Agent segmenter required when relieatating).   IATE	office or r	egistered agent, or both, in the State o	if Florida. Su	ch change was a	uthorized	bv t	ine corboi	ration's	s board of direct	ors. I herek	by accept	the appoin	ntment as	regist	ered
Signature, typed or printed name of registered agents and little if impricable. (NOTE: Registered Agent separate respirator Registrate Regist	agent. I a	m familiar with, and accept the obligati	ons of, Secti	ion 607.0505, Flo	rida Statu	ites.									
Signature, typed or printed name of registered agents and little if impricable. (NOTE: Registered Agent separate respirator Registrate Regist	SIGNATURE									-		- DAYE			
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4. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/98' 561-573-200/ Daytime Phone # KZEU34 (11/98)