**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90031 005 \*\*\*150.00

<ol> <li>Corporation</li> </ol>	NEIN # P980001 NLINE, INC.	UU0923							
Principal Place of Business Mailing Address					i ikitribut ira carst labit editt at	htta <b>dil</b> ikti a ansi a	1 6 1 D1 0 141 2 10 41 0	(1 <b>100</b> tirt 100)	
3325 GRIFFIN R	ROAD	3325 GRIFFIN ROAD							
SUITE 268		DO NOT WRITE IN THIS SPACE							
ft. Lauderdal	LE FL 33312	FT, LAUDERDALE FL 33312		-	. Date incorporated or Qualifed	TE IN THIS	SPACE		1
				1	01/20/1998				
		So Mailing Address			, FEI Number	<del></del>	N.FAD	plied For	1
<b>—</b> '	face of Business	2a. Mailing Address			, remonds	•		Applicable	ĺ
21 - Suite, Apt.:	di ata militari di Tana	Suite, Apt. #, etc.	<u></u>				\$8.75 A		
	w, w.c.	27		5	. Certifcate of Status Desired		Fee Re		
22 City & State		City & State			. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution		Added to		
Zip	Country	Zip	Country	8	. This corporation owes the cur	rent year int	angible		
24	25	29 3	<u> </u>		Personal Property Tax.		Yes	□No	
	9. Name and Address of Current			10	. Name and Address of New	Registered .	Agent		
			61 Name						
	DOWARD, SARAH		82 Street	Address (	P.O. Box Number is Not Accept	able)	•		
3325 GRIFFIN ROAD									
	E 268		83						
FT. L	Lauderdale FL 33312		84 City				85 Zip C	ode	
			1. 1,			FL	. 1		
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of Section 607.0505, Florida ons of Section 607.0505, Florid	norized by the corporal Statutes.	orstion's t	oard of directors. I hereby acce	pt the appoir	ntment as rec	istered	
SIGNATURE			egistered Agent elgneture n			DATE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		á
	Signature, typed or printed name of registered agent OFFICERS AND	and title If applicable. (NOTE: For	•			DATE	D DIRECTO	RS IN 12	(80)
SIGNATURE	Signature, typed or printed name of registered agent	and title If applicable. (NOTE: For	egistered Agent signature r		reinstating) ·	DATE			(11/08)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and the If applicable. (NOTE: RX D DIRECTORS	egistered Agent signature n		reinstating) ·	DATE	D DIRECTO	RS IN 12	134 (11/08)
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	and the If applicable. (NOTE: RX D DIRECTORS	13.		reinstating) ·	DATE	D DIRECTO	RS IN 12	DE024 (11/08)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND D WOODWARD, SARAH	end 90e If applicable. (NOTE: RI D DIRECTORS	egistered Agent eigneture in 13. 1.1 TITLE 12 NAME		reinstating) ·	DATE	D DIRECTO	RS IN 12	POE024 /11/08/
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D WOODWARD, SARAH 3325 GRIFFIN ROAD	and the If applicable. (NOTE: RX D DIRECTORS	gistered Agent algreture in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		reinstating) ·	DATE	D DIRECTO	RS IN 12	CR2E034 /11/081
SIGNATURE 12.  TITLE NAME STREET ADDRESS CITY- ST- ZIP	Signiture, typed or printed name of registered agent OFFICERS AND D WOODWARD, SARAH 3325 GRIFFIN ROAD FT. LAUDERDALE FL 33312	end 90e If applicable. (NOTE: RI D DIRECTORS	egistered Agent algorithms in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		reinstating) ·	DATE	D DIRECTO	RS IN 12	CR2E034 /11/09)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE	OFFICERS AND OFFICERS AND D WOODWARD, SARAH 3325 GRIFFIN ROAD FT. LAUDERDALE FL 33312 D	end 90e If applicable. (NOTE: RI D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE		reinstating) ·	DATE	D DIRECTO	RS IN 12	CR2E034 (11/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST. ZIP  TITLE  NAME	OFFICERS AND OFFICERS AND D WOODWARD, SARAH 3325 GRIFFIN ROAD FT. LAUDERDALE FL 33312 D WOODWARD, TERRY	and 90e If applicable. (NOTE: Riv	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		reinstating) ·	DATE	D DIRECTO	RS IN 12 Addition	CR2E034 (11/98)
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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 eath; that I am an officer or director of the corporation or the receiver or flustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if shanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: