PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000008742

ALATIONAL	Name					Į.		
NATIONAL AGENCY DEVELOPMENT, INC.						 	# 1 1 1 1 1 1 1 1 1 1	17) 5) 18 18 18 18 18 18 18 1
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Principal Place	of Business	Mailing Address				f 188198ml fff f8sbt shris ensis navis hann	***************************************	
4700 SHERIDAN	STREET	4700 SHERIDAN S	TREET					
BLDG 1	BLDG J HOLLYWOOD FL 33021 HOLLYWOOD FL 33021					DO NOT WRITE IN THIS SPACE		
HOLLINGOD IL	3021	TOLETHOOD 12				3. Date Incorporated or Qualifed		
}						01/28/1998		
2. Principal Pla	ce of Business	2a. Mailing Addre	155			4. FEI Number		Applied For
21		26				620812686		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #.	etc.			5. Certificate of Status Desired		5 Addillonal Required
22		27 City & State				6. Election Campaign Financing		0 May Be
City & State		28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip	C	ountry		8. This corporation owes the current ye	ar Intangible	
24	25	29	30			Personal Property Tax.	∐ Yes	№ 46
	9. Name and Address of Curren	t Registered Agent		-	****	10. Name and Address of New Regist	ered Agent	
NATE	LSON, SHERYL S ESQ.			81	Name			
	SHERIDAN STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
BLDG				83	·			
	YWOOD FL 33021			<u> </u>				
1				84	City		FL	ip Code
11 Parmuset le	the positions of Sections 607 050	2 and 607 1508. Flori	la Statutes, the	above	named corpo	ration submits this statement for the purpo	se of changing	its registered
office or re	gistered agent, or both, in the State	of Florida, Such changlions of Section 607 (e was authoriz	zed by t	he corporation	ration submits this statement for the purpor's board of directors. I hereby accept the	appointment as	registered
T .	rianiliar will, and accept the conga-	acits of accient our						
SIGNATURE s	Ignature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Register	red Agent	signature required	when reinstating) DA		TODO 191 40
12.	OFFICERS AN		1:			ADDITIONS/CHANGES TO OFFICER	S AND DIREC	
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	DODGETH, CHIC II		22		ļ		Chang	e [] Addition
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14. 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _~

Mar 09, 1999 8:00 am Secretary of State

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