SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

· 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P98000015298 Cor; ration Name

NAY & ASSOCIATES, INC.

FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90001 019 ***550.00

) 1881/88 (18 1874 1814) 881/1 881/1 881/1 881/1 881/1 188/1 188/1 881/1 881/1 881/1 881/1 881/1 881/1 881/1 8

Principal Place of Business Mailing Address							
1606 EASTLAKE WAY FT. LAUDERDALE FL 33326 FT. LAUDERDALE FL 33326					DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 02/16/1998
2. Principal Place of Business 2a. Mailing Address			Mailing Address	<u> </u>			4. FEI Number Applied For
21			26				65 - 0815490 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
22			27				1 do required
City & State	e	City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23		28					This corporation owes the current year
Zip	Country	⊢ ¬	Zip	30	ai iu y		Intangible Personal Property. Yes No
24	25 9. Name and Address of Current	29	ered Agent	30	Τ	_	10. Name and Address of New Registered Agent
	9. Name and Address of Culter	regist	area Agent		81	Name	
NAY, JOSEPH A					-	011 0 11	dress (P.O. Box Number is Not Acceptable)
1606 EASTLAKE WAY					82	Street Add	dress (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33326				83			
					84	City	85 Zip Code
,					City	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 printed name of registered agen	nt and title if	f applicable. (N	OTE: Regist	ered A	gent signature rec	quired when reinstating) DATE
12.	OFFICERS AN	D DIREC	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1,1 T			Change Addition
NAME	NAY, JOSEPH R				AME	}	
STREET ADDRESS	1606 EASTLAKE WAY					ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326			_	ITY-ST	-ZIP	Change Addition
TITLE			L DELETE	2.1 T			Change Addition
NAME				2.2 N		4000E00	
STREET ADDRESS				- 1		ADDRESS	
CITY-ST-ZIP				_	ITLE	-ZIP	Change Addition
TITLE		i	DELETE		IAME	~	-
NAME						ADDRESS	
STREET ADDRESS				- 8	ITY-S1		
CITY-ST-ZIP			DELETE		ITLE		Change Addition
TITLE NAME			(DECETE	- 1	IAME		•
STREET ADDRESS				4.3 5	TREET	ADDRESS	
					CITY-S		
CITY-ST-ZIP			DELETE	_	ITLE		Change Addition
NAME				5.2	IAME		
STREET ADDRESS				5.3 9	TREET	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. CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

___ DELETE

984/385-9253

Change Addition