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

DOCUMENT # P98000018311

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90066 014 ***150.00

1013 NU	IHTH FEDERAL, INC.				j				
Principal Place	e of Business	Mailing Address				C ARMESTICAL STATEMENT FORSE CONSTITUTE		### (#### (i)##	1 (188) (181 (88)
431 N.E. 10TH TERRACE 431 N.E. 10TH TERRACE									
BOCA RATON FL 33431 BOCA RATON FL 33431									
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						02/25/1998			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	`		oplied For
21 26						65-680-512			ot Applicable Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired ·		· , - ·	equired
22 27						Station Committee Circumiter			May Be
						Election Campaign Financing Trust Fund Contribution			to Fees
Zip Country Zip			Country			8. This corporation owes the curr	rent vear Inta		
·	25	29 30	~ ´			Personal Property Tax.	-	∐ Yes	Mo
24	9, Name and Address of Currer		<u> </u>			10. Name and Address of New I	Registered A	gent	
	3. Hame and Hadron St. Carro.		81	Name					
VECCIA, JOSEPH W							11.3		
431 N.E. 10TH TERRACE			82	Street	Addres	s (P.O. Box Number is Not Accept	able)		Ì
BOCA RATON FL 33431			83						
			<u> </u>						
			84	City			FL	85 Zip	Code
office or ragent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autr	orized by a Statutes	the corp	oration	ation submits this statement for the s board of directors. I hereby acce	pt the appoin	tment as re	egistered
	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	it signature r	equired wi	ADDITIONS/CHANGES TO OF		DIRECTO	28S IN 12
TITLE	D	DELETE	1.1 TITLE		Dire	· · · · · · · · · · · · · · · · · · ·		TOTAL CO.	Addition
NAME	VECCIA, JOSEPH W		1.2 NAME		440	even Rothman III white Eagl perville, IL (` ~ .	~ '	
	431 N.E. 10TH TERRACE			TADORESS	23	ii white Eagl	e Dr	`•	
STREET ADDRESS	BOCA RATON FL 33431		1.4 CITY-S		7	Comule TI /	0056	4	ľ
CITY-ST-ZIP TITLE			2.1 TITLE	1-21-	1.0	DETVINE,		Change	Addition
			2.2 NAME						_ i
NAME			2.3 STREET	r annuece					
STREET ADDRESS			2.4 CITY-S						J
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	1-21				Change	Addition
NAME .			3.2 NAME					_	
			3.3 STREET	T ANNESS]
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NAME			4. 2 NAME						Ì
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			4.4 CITY-S			,			Į
CITY-ST-ZIP TITLE			5.1 TITLE	. 21	 			Change	Addition
NAME	1	· · · · ·	5.2 NAME				•		1
STREET ADDRESS			5.3 STREET	ADORESS)
CITY-ST-ZIP			5.4 CITY-S		1				
TITLE		☐ DELETE	6.1 TITLE			<u></u>	<u>.</u>	Change	Addition
NAME			6.2 NAME						!
			6.3 STREET	ADDRESS					
STREET ADDRESS			I		1				

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 sy 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 mustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/99 + 56/-395.3950 Date Dafume Phone # CR2E034 (11/98)