


**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90077 023 \*\*\*159.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P98000023520</b>			
1. Corporation Name <b>NOWCO CORPORATION</b> <b>375 NW 40 CT. APT #1</b> <b>OAKLAND PARK, FL 33309</b>			
Principal Place of Business		Mailing Address	
<b>SAME AS ABOVE</b>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
<b>21</b> <b>JAME AS ABOVE</b>		<b>MARCH 11, 1998</b>	
2a. Mailing Address		4. FEI Number	
<b>26</b> <b>SAME AS ABOVE</b>		<b>65-0828486</b>	
Suite, Apt. #, etc.		Applied For	
		<input type="checkbox"/> Not Applicable	
22. City & State		5. Certificate of Status Desired	
<b>27</b>		<b>2</b> <b>\$8.75 Additional Fee Required</b>	
City & State		6. Election Campaign Financing	
		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23. Zip		8. This corporation owes the current year Intangible	
<b>28</b>		Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country			
<b>29</b>			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81. Name <b>JOHN BURGESS</b>	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		<b>375 NW 40 CT. APT 1</b>	
		83. <b>OAKLAND PARK</b>	
		84. City <b>FL</b> 85. Zip Code <b>33309</b>	
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 <b>JOHN BURGESS</b>		DATE <b>MARCH 13, 1999</b>	
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PRESIDENT</b> <input type="checkbox"/> DELETE		1.1 TITLE <b>LISA HAZZA TREMPER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>JOHN BURGESS C/O P</b>		1.2 NAME <b>375 NW 40 CT., APT #1</b>	
STREET ADDRESS <b>CHANGE 375 NW 40 CT. APT. 1</b>		1.3 STREET ADDRESS <b>OAKLAND PARK, FL 33309</b>	
CITY-ST-ZIP <b>OAKLAND PARK, FL 33309</b>		1.4 CITY-ST-ZIP	
TITLE <b>VICE PRESIDENT</b> <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>ROBERT HENRY POULIN</b>		2.2 NAME	
STREET ADDRESS <b>6815 41 DR. N.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>RIVIERA BEACH, FL 33309</b>		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **John Burgess, Pres** **John Burgess** **march 13, 1999**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)