**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000039694

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90246 050 \*\*\*150.00

N. & P.	ENTEHPHISE, INC.	• •								•
Principal Place	of Business	Mailing Address				i indicent ka teral intri anvican	in Acti Strac	IVIÀ ISISA BIVI	id i bitti miller sännt	
3904 N ARMENIA AVE		3904 N ARMENIA AVE				_				
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	·	•					E IN IMIS	SPACE.		
İ						3. Date Incorporated or Qualifed				
						04/30/1998 4. FEI Number		IIA	pplied For	
2. Principal Place of Business		2a. Malling Address				57-3515563			ot Applicable	
21 2		Suite, Apt. #, etc.			_•	3/2337030	<del>:-</del> -		Additional	
Suite, Apt. #, etc.		<u> </u>				5. Certificate of Status Desired			equired	
22		27 City & State				6. Election Campaign Financing		\$5.00	Мау Ве	
City & State		28 ·				Trust Fund Contribution			to Fees	
23\ Zip	Country	Zip	Cor	untry		8. This corporation owes the curr	ent year Inta		,	
_	25	29	30			Personal Property Tax.		4 fes	□No _	
24	9. Name and Address of Current			T		10. Name and Address of New R	egistered A	gent		
	S. HENO SIGNACIONO OF CHILDRE			81	Name					
BAR	RIONUEVO, NIDIA			1	<u> </u>	- ID C. Doughtumber in New Accords	hlal			
1511 W KIRBY ST				82	Street Addre	ess (P.O. Box Number is Not Accepta				
TAM	PA FL 33604	•		83						
		٠.		1-1				les 7:-	O-do	
	•			84	City		FL	1	Code	
11. Pursuant office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida State of Florida, Such change was	utes, the a authorize	above-	named corpo he corporation	oration submits this statement for the n's board of directors. I hereby accep	purpose of C t the appoin	hanging It Iment as n	s registered egistered	
	III Idilahar war, and accept the onigan	0(13 OI, 3600001 001.0000, 11	IDINA SIA	wtes.						
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SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable. (NO	TE: Registere 13.	id Agent i		when reinstating)	DATE		OR\$ IN 12	(44/00)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and little if applicable. (NO DIRECTORS	TE: Registers 13.	id Agent i		when reinstating)	DATE	DIRECT	OR\$ IN 12	734 (44/00)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND D	and little if applicable. (NO DIRECTORS	TE: Registers 13.	IITLE		when reinstating)	DATE	DIRECT	OR\$ IN 12	25024 (44/00)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D BARRIONUEVO, NIDIA	and title if applicable. (NO ) DIRECTORS	TE: Registers 13. 1.17 1.2 N 1.3 S	IITLE	agnature required	when reinstating)	DATE	DIRECT ☐ Change	ORS IN 12	0000004 (44(00)
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14. Thereby 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 suppliemental 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 of 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 on an attachment with an address, with all other like empowered.