FILE NOTE FIERO FEE ALTERNATION IS IN TOUR

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000045903

l	NAME MASTER OF NWFL, INC.	140903							
Principal Plac	e of Business	Mailing Address						• • • • •	
2164 WEST ND		2164 WEST NINE MILE F	ROAD						
PENSACOLA FI	32534	PENSACOLA FL 32534			1	DO NOT WRITE IN TH	HS SPACE		
}					3. Date Incorporat				
					05/21/1998				
2 Principal P	Tace of Business	2a. Mailing Address			4. FEI Number		Ap	oplied For	l
21		26			159-3	5/5/49	No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Str	atus Desired	¥	Additional	
22		27			5. Certificate of Str		Fee Re	equired	
City & Stat	e	City & State			6. Election Campa			May Be	
23		28			Trust Fund Con	tribution		to Fees_	
Zip	Country	Zip		ntry	,	n owes the current year	Intangible	□No	
24	25	29	30		Personal Prope	rty Tax, tress of New Register			
	9. Name and Address of Current F	registered Agent		81 Name 7			Art 1-States		
2114	TON, GARY W			1 1	DOUGLAS L	NELLUMS	<u>.</u>		
3 WEST GARDEN STREET					iress (P.O. Box Number	is Not Acceptable)			
SUITE 700				<u>307.</u>	3 PINE FOR	ccai KD			
1	SACOLA FL			A					}
				84 City	ANTONMENT	<i>-</i> F	85 契	Code .(333	
	40 the	and 607 1509 Elosida Sta	hites the n	hove-named cor	poration submits this str				}
office or	to the provisions of Sections 607.0502 a registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Such change was	s authorized	by the corpora	tion's board of directors.	I hereby accept the ap	pointment as re	egistered)
	em ramikar with, and accept the colligation	ns or, agusto nour.vaca, r	initia sidu	gerie.					
SIGNATURE									\
]	Signature, typed or printed name of registered agent a	nd title if epplicable. (NC		Agent signature requi	red when reinstating)	DATE			(<u>8</u>
12.	Signature, typed or printed name of registered agent a OFFICERS AND	DIRECTORS	OTE: Registered	Agent signature requi	red when reinstating)		AND DIRECTO	ORS IN 12	1/98)
	OFFICERS AND	DIRECTORS DELETE	DTE: Registered	Agent signature requi	red when reinstating)	DATE			(11/98)
12.	PRESIDENT DOUGLAS L. NELLI	DIRECTORS DELETE UMS	OTE: Registered	Agent signature requi	red when reinstating)	DATE	AND DIRECTO	ORS IN 12	034 (11/98)
12. TITLE	PRESIDENT DOUGLAS L. MELLI 3013 DINE FORESTA	DIRECTORS DELETE UMS	13. 1.1 m 1.2 N/ 1.3 ST	Agent algrature requi	red when reinstating)	DATE	AND DIRECTO	ORS IN 12	2E034 (11/98)
12. TITLE NAME	PRESIDENT DOUGLAS L. NELLI	DIRECTORS DELETE UMS SA 3233	13. 1.1 m 1.2 N/ 1.3 ST 1.4 Cr	Agent algurance required. TLE LME TREET ADDRESS TY-ST-ZIP	red when reinstating)	DATE	AND DIRECTO	ORS IN 12	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS	OFFICERS AND PRESIDENT DOLLCLAS L. NELL 3013 PINE FOREST A CANTON MENT, FL S VICE PRESIDENT	DIRECTORS DELETE UMS	13. 1.1 TI 1.2 NJ 1.3 ST 1.4 CT 2.1 TI	Agent algusture required. TLE WME TREET ADDRESS TY-ST-ZIP TLE	red when reinstating)	DATE	AND DIRECTO	ORS IN 12	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP	OFFICERS AND PRESIDENT DOUGLAS L. NELL 3013 PINE FOREST A CANTON MENT, FL VICE PRESIDENT REIAN K. NELLUNIS	DIRECTORS DELETE UMS OB 32533	13. 1.1 TII 1.2 NV 1.3 ST 1.4 CI 2.1 TII 2.2 NV	Agent algusture required. TLE WME TREET ADDRESS TY-ST-ZIP TLE WME	red when reinstating)	DATE	AND DIRECTO	ORS IN 12	CR2E034 (11/98)
12, YITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PRESIDENT DOUCLAS L. NELL 3013 PINE FOREST A CANTON MENT, FL S VICE PRESIDENT BRIAN K. NELLUNIS ZZO MARICOLD, #10.	DIRECTORS DELETE UMS BD 32533	13. 1.1 III 12 No 1.3 ST 1.4 CT 2.1 TE 2.2 No 2.3 ST	TLE ME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS	red when reinstating)	DATE	AND DIRECTO	ORS IN 12	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PRESIDENT DOUCLAS L. NELL 3013 PINE FOREST A CANTON MENT, FL S VICE PRESIDENT BRIAN K. NELLUNIS 220 MARICOLD, #10. PENSACOLA, FL 32.	DIRECTORS DELETE UMS BD 32533 DELETE	13. 1.1 m 1.2 N 1.3 ST 1.4 CF 2.1 TF 2.2 N 2.3 ST 2.4 CF	Agent algusture required to the control of the cont	red when reinstating)	DATE	AND DIRECTO	ORS IN 12 Addition Addition	CR2E034 (11/98)
12, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND PRESIDENT DOUGLAS L. NELLI 3013 PINE FOREST A CANTONMENT, FL S VICE PRESIDENT BRIAN K. NELLUMIS ZZO MARICOLD, #1000 PENSACOLA, FL 320 NOVETA S. NELLUMI	DIRECTORS DELETE UMS ODELETE DELETE DELETE DELETE	13. 1.1 m 1.2 Nv 1.3 ST 1.4 Cr 2.1 TT 2.2 Nv 2.3 ST 2.4 C 3.1 TT	Agent algusture required. TLE WME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE	red when reinstating)	DATE	AND DIRECTO	ORS IN 12	CR2E034 (11/98)
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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 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, of on an attagrament with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

(850) 478-6718

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90045 045 ***150.00