**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # P98000049528

FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90143 036 \*\*\*158.75

1 1 <b>0 0</b> 1 0 <b>0</b> 1 0 1 <b>0</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	aani can esin aisi	

1. Corporation Name	
THE NILE GROUP, INC.	-

Principal Place of Business Mailing Address 8328 JENNIFER LANE 8328 JENNIFER LANE LARGO FL 33777 LARGO FL 33777 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/01/1998 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Number P.O. Box Not Applicable 20186 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. × 5. Certifcate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing ST PETERSBURG Added to Fees 28 Trust Fund Contribution 23 Country Zip Country 8. This corporation owes the current year Intangible **Z**No USA Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HOLCOMB, VICTOR W Street Address (P.O. Box Number is Not Acceptable) 82 415 S. HYDE PARK AVENUE TAMPA FL 33606 83 84 City Zip Code 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change □ DELETE TITLE 1.1 TITLE NICKEL, NILE 1.2 NAME NAME 8328 JENNIFER LANE 1.3 STREET ADDRESS STREET ADDRESS **LARGO FL 33777** 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ DELETE 6.1 TITLE Addition TITLE 6.2 NAME NAME BRISTREET ADDRESS STREET ADDRESS

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 adachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

~SIGNATURE:~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)