Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90156 012 ***150.00

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

1, Corporatio	MENT # P9800 NCER PROPERTIES INC.	0050681					
Principal Place of Business Mailing Address				-			
9081 AFFIRMED BOCA RATON	LANE	9081 AFFIRMED LANE BOCA RATON FL 33496				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 06/04/1998			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number Applied For Not Applicable	
21		26				Not Applicable \$8,75 Additional	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	27 Stite, Apr. #, etc.			5. Certifcate of Status Desired Fee Required	
City & Stat	te	City & State				6. Election Campaign Financing 55.00 May Be	
23		28	28			Trust Fund Contribution . Added to Fees	
Zip	Country	Zip	Count	try		8. This corporation owes the current year Intangible	
24	25	 	30			Personal Property Tax.	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Agent	
Deberardinis, Philip				Name			
9081 AFFIRMED LANE			[8	Stree	t Addres	ess (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33496			18	13			
				4 City		85 Zip Code	
				'		FL " "	
office or o	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obli	le of Florida. Such change was aut	nonzea t	v the con	d corpoi poration	pration submits this statement for the purpose of changing its registered in s board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered a		Pogretored A	nont cionature	roguired s	when reinstating) DATE	
12.		AND DIRECTORS	13.	gent signature	3 7 8 Q UI 1 8 G	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u> </u>	☐ DELETE	1.1 TITLE		1	PRESIDENT Change Addition	
NAME			1.2 NAME		ΙP	HILLP DEBERARDING	
STREET ADDRESS			1.3 STRE	ET ADDRESS	ه ا	908 AFFIRMED LN'	
CITY-ST-ZIP	■		1.4 CITY	- ST- ZIP		BOXA Raton F1 33496	
TITLE		☐ DELETE	2.1 TITLE		<u> </u>	Addition Addition	
NAME	2.2 M		2.2 NAM	E	-		
STREET ADDRESS			2.3 STRE	ET ADDRESS	s		
CITY-ST-ZIP		•	2. 4 CITY	-ST-ZIP			
TITLE				3.1 TITLE		CLETACY Change Addition	
NAME	3.2		3.2 NAM	E	57	ANDRA TAMORA DE LA TORMED CN BOLA LATTO DI 33486 Change Addition	
STREET ADDRESS			3.3 STREET ADDRESS		90	DRIACCIEMED UN.	
CITY-ST-ZIP	1		3.4. CITY	-ST-ZIP		BORA Ration DI 33486	
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME	E 4.2		4. 2 NAM	KE.			
		4.3 STRE	ET ADORES	s			
CiTY-ST-ZIP	City-St-ZiP 44 C		4 4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	=		☐ Change ☐ Addition	
NAME			5.2 NAM			·	
STREET ADDRESS			5.3 STRE	ET ADDRESS	s	•	

4. 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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DHILLIP URIOEBELAR DINIS OR DIRECTOR Date

☐ DELETE

☐ Change

☐ Addition