

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000050916			
1. Corporation Name B33 NLP II, INC.			
Principal Place of Business C/O C.A.H. INC. 220 E MADISON STREET #1200 TAMPA FL 33602		Mailing Address C/O C.A.H. INC. 220 E MADISON STREET #1200 TAMPA FL 33602	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 06/08/1998	
21	2a. Mailing Address	4. FEI Number 59-3623576	
Suite, Apt. #, etc.		Applied For Not Applicable	
22	2b. Mailing Address	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23	2c. Mailing Address	7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
24	2d. Mailing Address		
25		26	
27		28	
29		30	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
STRASKE, STEPHEN B II 101 E KENNEDY BLVD SUITE 3700 TAMPA FL 33602		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 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 _____ DATE _____			
(NOTE: Registered Agent signature required when resigning)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE ☐ DELETE ☐ Change ☒ Addition			
1.2 NAME PDS			
1.3 STREET ADDRESS MUGHES, GREGORY L.			
1.4 CITY-ST-ZIP 220 E MADISON ST. #1200			
2.1 TITLE ☐ Change ☐ Addition			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE ☐ Change ☐ Addition			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE ☐ Change ☐ Addition			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE ☐ Change ☐ Addition			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE ☐ Change ☐ Addition			
6.2 NAME			
6.3 STREET ADDRESS			
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY L. MUGHES 1/11/99 813-225-1141
Date Daytime Phone #