FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90049 034 ***150.00

 Corporatio 	MENT # P98000 In Name NL LAND SERVICES, INC.	053296			
Principal Plac	e of Business	Mailing Address		1 (88)(88) (18 1818) 10111 82111 82111 80111 82101) #11## 1111# 11#1# 1#11# #111 1##1
4030-C SHERIDAN STREET 4030-C SHERIDAN STREET				}	
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021				DO NOT WRITE IN THIS	e enace
				DO NOT WRITE IN THIS 3. Date incorporated or Qualifed	SPACE
				06/15/1998	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
TAGEST		26		65-0842890	Not Applicable
		Suite, Apt. #, etc.			\$8.75 Additional
22 43	3D	27		5. Certificate of Status Desired	Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23 HOLYWOOD PL 28				Trust Fund Contribution	Added to Fees
Zip Country Zip			Country	8. This corporation owes the current year In	
24 330	15 US		30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent
STR	OCK, BARTON S	BARTON S. STROCK			
4030-C SHERIDAN STREET				Address (P.O. Bex Number is Not Acceptable)	
HOLLYWOOD FL 33021				600 1477 51	
-				Sufe 420	
			84 City	Hallywood FL	85 Zia Code 24
44 Dureuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s the above-named	corporation submits this statement for the purpose of	changing its registered
office or r	egistered agent. both, in the State	of Florida. Such change was au	thorized by the corp	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appo	intment as registered
	m familiar with and accept the obliga	Tions of, Section 607.0303, Fig.	SANTINI	c STACK 1/8/99	9
SIGNATURE	Signature Typed or pfinted name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signature		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PSD	C OELETE	1,1 TITLE		Change
NAME	STROCK, BARTON S		1.2 NAME	1100 Tile C Cale 421	,
STREET ADDRESS	4030-C SHERIDAN STREET		1.3 STREET ADDRESS	6600 Taff St Suite 432 Hollywood PL 33026	. ,
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY+ST-ZIP	HULLYWER PL 33021	
TITLE		☐ DELÉTE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		FIDELETE	2.4 CITY-\$T-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		C outries C vitamon
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
		42 4-1-1	4. 2 NAME		
NAME STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	}	
OUT OF TIP			6.4 CITY-ST-ZIP		ì

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 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 of 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, if on an attachnient with an address, with all other like empowered.

SIGNATURE: