

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0011555

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90005 039 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000071764

1. Corporation Name
NELCOR, INC.



Principal Place of Business 655 CORTEZ CIRCLE ALTAMONTE SPRINGS FL 32714 1730 PA	Mailing Address 655 CORTEZ CIRCLE ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1730 PATTERSON AVE Suite, Apt. #, etc. 22		2a. Mailing Address 26 1730 PATTERSON AVE Suite, Apt. #, etc. 27		3. Date incorporated or Qualified 08/17/1998	
23 DELAND, FL City & State 24 32724 Zip 25 VOLUSIA Country		28 DELAND FL City & State 29 32724 Zip 30 VOLUSIA Country		4. FEI Number 59-3528604 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8.75 Additional Fee Required		5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent NELSON, ROBERT D 655 CORTEZ CIRCLE ALTAMONTE SPRINGS FL 32714				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, ROBERT D			1.2 NAME			
STREET ADDRESS	655 CORTEZ CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, JUDITH A			2.2 NAME			
STREET ADDRESS	655 CORTEZ CIRCLE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORNELL, DOUGLAS H			3.2 NAME			
STREET ADDRESS	655 CORTEZ CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORNELL, DONNA A			4.2 NAME			
STREET ADDRESS	655 CORTEZ CIRCLE			4.3 STREET ADDRESS	33 Valleywood Dr		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714			4.4 CITY-ST-ZIP	DeBary, FL 32713		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: Donna A. Cornell **SIGNATURE REQUIRED** 09/12/99 (904) 822-9039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)