

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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90001 011 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000086837**

1. Corporation Name  
**NAVE INTERNATIONAL, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**46 N. WASHINGTON BLVD. #1**  
**SARASOTA FL 34236**

Mailing Address  
**46 N. WASHINGTON BLVD. #1**  
**SARASOTA FL 34236**

3. Date Incorporated or Qualified  
**10/09/1998**

2. Principal Place of Business  
**1703 LITTLE POINT CIRCLE**

2a. Mailing Address

4. FEI Number  
**65-0870267**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State  
**SARASOTA FL**

28 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **34231** 25 Country

29 Zip Country 30

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROTEN, REX A**  
**46 N. WASHINGTON BLVD. #1**  
**SARASOTA FL 34236**

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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTEN, REX A</b>	1.2 NAME	
STREET ADDRESS	<b>46 N. WASHINGTON BLVD. #1</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>D/P</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>STENGER, KATHERINE</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>1703 LITTLE POINT CIRCLE</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>D/VP</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>NAVE, JOHN</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>1703 LITTLE POINT CIRCLE</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>D/VP</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>NAVE, RUTH</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>1703 LITTLE POINT CIRCLE</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>D/S/T</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>STENGER, VINCENT G.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>1703 LITTLE POINT CIRCLE</b>
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 607.0503(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 has 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: *Katherine Stenger* **FILED 4/21/99**

(941) 358-5575

Date Daytime Phone #

CR2E034 (1/98)