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

DOCUMENT # P98000094422 Corporation Name

ARTHUR W NEI CON PA

Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90054 026 ***150.00

Antion	THE NELOON, I A						
Principal Place	e of Business	Mailing Address					
- 5580 PACIFIC BLVD. UNIT 523 5580 PACIFIC BLVD. UNIT BOCA RATON FL 33433 BOCA RATON FL 33433			23				
					DO MOTINDITE IN THE	0.00105	
3225 LA Costa Cir#202 3225 LA Co				R \$200	DO NOT WRITE IN THIS SPACE		
NAPLE FI 34105 Naples FI			34105		3. Date Incorporated or Qualifed 11/06/1998		
2. Principal Place of Business 2a. Mailing Address 21 26					4. FEI Number 65-0874205	 	olied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	
City & Stat	e	City & State		*	6. Election Campaign Financing	\$5.00	Mav Be
28					Trust Fund Contribution	Added to	
Zip Country Zip			Country		8. This corporation owes the current year I	ntangjible	
2529			30		Personal Property Tax.		□No
<u></u>	9. Name and Address of Curren		1		10. Name and Address of New Registere	d Agent	
	or control of the control of the control		81	Name			
NEL	SON, ARTHUR W						
5580 PACIFIC BLVD. UNIT 523			82 Street Addr		ess (P.O. Box Number is Not Acceptable)		
	CA RATON FL 33433		83				
			84	City		85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute					F	- , ,	
12.	Signature, typed or printed name of registered age OFFICERS AN	DD DIRECTORS	13.	nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12 ☐ Additio
	(• -		1.2 NAME	1	-	_ •	
NAME	NELSON, ARTHUR W	1		T ADDRESS			
STREET ADDRESS	5580 PACIFIC BLVD. UNIT 523	1					
CITY-ST-ZIP	BOCA RATON FL 33433	DELETE	1.4 CITY-S 2.1 ΤΙΤΙΕ	1-219		Change	☐ Additio
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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 changes or on an attachment with an address, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE: