

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 # P98000102442

1. Corporation Name
NHD, INC.

FILED
Jun 02, 1999 8:00 am
Secretary of State

06-02-1999 90004 013 *****5.00
06-02-1999 90004 014 *****8.75
06-02-1999 90004 015 ***150.00



Principal Place of Business
P.O. BOX 265005
DAYTONA BEACH FL 32126

Mailing Address
P.O. BOX 265005
DAYTONA BEACH FL 32126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <input type="checkbox"/> Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 <input type="checkbox"/> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/09/1998	
4. FEI Number 59/3569841		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>		7. May Be Added to Fees \$5.00		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CHAMPAGNE, PHACHAREWAN S
6160 NORTH DIXIE HIGHWAY
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name CHAMPAGNE, PHACHAREWAN S.
82 Street Address (P.O. Box Number is Not Acceptable)
9351 S.W. 16 STREET
83
84 City BOCA RATON FL 85 Zip Code 33428

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 *Phacharewan S. Champagne* PHACHAREWAN S. CHAMPAGNE DATE APRIL 19 1999
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	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DO, NHAN H	1.2 NAME	DO, NHAN H.
STREET ADDRESS	P.O. BOX 265005	1.3 STREET ADDRESS	P.O. Box 265005
CITY-ST-ZIP	DAYTONA BEACH FL 32126	1.4 CITY-ST-ZIP	DAYTONA BEACH
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V/T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMPAGNE, PHACHAREWAN S	2.2 NAME	CHAMPAGNE, PHACHAREWAN S.
STREET ADDRESS	6160 N. DIXIE HIGHWAY	2.3 STREET ADDRESS	9351 S.W. 16 STREET
CITY-ST-ZIP	BOCA RATON FL 33487	2.4 CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 299-5850
Date Daytime Phone #

CR2E034 (11/98)