

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

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90001 033 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P98000107432

1. Corporation Name
NEXT INC. OF WEST PALM BEACH



| | |
|---|---|
| Principal Place of Business 120 SOUTH OLIVE SUITE 309 WEST PALM BEACH FL 33401 | Mailing Address 120 SOUTH OLIVE SUITE 309 WEST PALM BEACH FL 33401 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 <u>120 Solive</u> Suite, Apt. #, etc. 22 <u>308</u> City & State 23 <u>W. PB Fla</u> Zip 24 <u>33401</u> 25 <u>USA</u> | 2a. Mailing Address 26 <u>120 Solive</u> Suite, Apt. #, etc. 27 <u>308</u> City & State 28 <u>W. PB</u> Zip 29 <u>33401</u> 30 <u>USA</u> |
|---|--|

| | |
|---|---|
| 3. Date Incorporated or Qualified 12/29/1998 | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 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

CASALINI, ANDREW J
120 SOUTH OLIVE
SUITE 309
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name <u>Michael Molle</u> |
| 82 Street Address (P.O. Box Number is Not Acceptable) <u>120 Solive</u> |
| 83 <u>Suite 308</u> |
| 84 City <u>West Palm Beach</u> FL 85 Zip Code <u>33401</u> |

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: 5/5/99

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MOLLE, MIKE |
| STREET ADDRESS | 120 SOUTH OLIVE |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | CASALINI, ANDREW J |
| STREET ADDRESS | 120 SOUTH OLIVE |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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: [Signature] **SIGNATURE REQUIRED** DATE: 5/5/99 DAYTIME PHONE #: 561 236 9115

CR2E034 (11/98)