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

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90093 014 ***150.00

DOCUMENT # P9900000070

1. Corporation Name

NOUVEAU ENTERPRISES OF FLORIDA, INC.

Principal Place	e of Business	Mailing Address) (30)(00) len (nette 10)() antit antit antit antit antit)(89)() 99 ()((9	1911 8811 1081
5703 RED BUG LAKE ROAD		5703 RED BUG LAKE ROAD					
# 157		#157		DO NOT WRITE IN THIS SPACE			
WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708					3. Date Incorporated or Qualifed		
					12/31/1998		ļ
2 Principal P	lace of Business	2a. Mailing Address			4 FEI Number	Ap	plied For
21		26			59-3548765	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22				5. Certifcate of Status Desired	Fee Re	quired	
City & State		- City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country ⊐	!	This corporation owes the current year Inter-		14V-
24	25	29 30			Personal Property Tax.	☐ Yes	No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	Alanı	
WON	G, ROBERT C		["	Ivallie			
5703 RED BUG LAKE ROAD			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
#157			83	_			
WINTER SPRINGS FL 32708							
*****			84	City	FI	85 Zip (Code
44 Durauant	to the provisions of Sections 607 0500	2 and 607 1508 Florida Statutes	the above	e-named come	oration submits this statement for the numose of	changing its	registered
office or r	registered agent, or both, in the State o	of Florida. Such change was auth	orized by	the corporation	on's board of directors. I hereby accept the appoin	itment as re	gistered
agent. f a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statutes	•			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Ager	nt signature required	d when reinstating) DATE		}
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO)R\$ IN 12
TITLE	D	☐ DELETE	1.1 TITLE		•	☐ Change	Addition
NAME	WONG, ROBERT C		1.2 NAME				-
STREET ADDRESS	5703 RED BUG LAKE ROAD		1.3 STREE	TADDRESS			-
CITY-ST-ZIP	WINTER SPRINGS FL 32708		1.4 CITY-S	T-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	Wong, Laureen S		2.2 NAME				1
STREET ADDRESS			2.3 STREE	TADORESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708		2.4 CITY-5	ST-ZIP			- Addition
TITLE		DELETE	.3.1 TITLE		*	☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 5	ST-ZIP		Change	Addition
TITLE	į		4.1 TITLE				
NAME			4. 2 NAME				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			4.4 CITY-S 5.1 TITLE	1-217		☐ Change	☐ Addition
TITLE			5.1 NAME				_
NAME STREET ADDRESS		×.		TADDRESS	•		
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP TITLE	-	☐ DELETE	6.1 TITLE	7		Change	Addition
NAME		_	6.2 NAME			-	
STREET ADDRESS			6.3 STREE	T ADDRESS			
OTHER MUDICION	T .	ſ	6.4 CITY-S				

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:

407-696-8123