Apr 09, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$53027

1. Corporation Name

	NER INSUHANCE SERVICES	, 1140.					
Principal Place	e of Business	Mailing Address	-	_		!! { 	III DIDIF BIBIL LODI
7402 N. 56TH S		7402 N. 56TH STREET					
SUITE 890 SUITE 890					DO NOT WEIT	T IN THIS SOACE	
TAMPA FL 33617 TAMPA FL 33617 US US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
05		03			04/25/1991		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26			59-3079793	60.7	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 1 7	5 Additional Required::-:::=:::::::::::::::::::::::::::::::
22		City & State			6 Flatin Camping Figureing		May Be
City & Stat	e	28			Election Campaign Financing Trust Fund Contribution	1 1	ed to Fees
Zip	Country	Zip	Cour	trv	8. This corporation owes the curre		
24	25	29	30	.,	Personal Property Tax.	☐ Yes	□No
24	9. Name and Address of Current		,,,,		10. Name and Address of New R	egistered Agent	
				81 Name			
	NK A. SCIMECA		}	82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)	
	30 GREEN WILLOW RUN	•		ou con rida.	BBS (F.S. BBX Marries to Free Field)		
WES	SLEY CHAPEL FL 33544		Ī	83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			-	84 City		FL 85 Z	ip Code
agent. I a	to the provisions of Sections 607.0592 egistered agent, or both, in the State of m familiar with, and accept the obliged	fons of Section 607.0505, Flor	orida Statu	Scimeca	President	4-6-99	
12.	Signature, Apad of Phinted name of registered agent	t and title if applicable. (NOT) D DIRECTORS	E: Registered	Agent signature require		DATE FICERS AND DIREC	
TITLE	ÖFFICERS ANI	and title if applicable. (NOT)	E: Registered 13. 1.1 TIT	egent signature require	d when reinstating)	DATE	
-	D SCIMECA, FRANK A.	t and title if applicable. (NOT) D DIRECTORS	13. 1.1 TIT 1.2 NA	ugent signature require	d when reinstating)	DATE FICERS AND DIREC	
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality 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:

STREET ADDRESS

SIGNATURE REQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR