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

NAME

STREET ADDRESS

14. I hereby certify that the information and indicated on this annual report or supplied to the control of the

officer or director of the corporation or Block 12 or Block 13 if changed, or or

propplied with this filing d lemental annual red

CITY-ST-ZIP

**FILED PROFIT** Feb 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # NADCO INVESTMENTS, INC. Principal Place of Business Mailing Address 7800 W. OAKLAND PARK BLVD. 7800 W. OAKLAND PARK BLVD. BLDG. 'G' BLDG. "G" SUNRISE FL 33351 SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/09/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0283210 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country  $Z_{1D}$ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 ☐ Yes Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LAPIERRE, REJEAN 7800 W. OAKLAND PARK BLVD. Street Address (P.O. Box Number is Not Acceptable) BLDG, "G" SUNRISE FL 33351 83 84 Zip Code 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, typod or printed name of registered agent and title diapplicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NADON, ETIENNE NAME 1.2 NAME 77 RUE DUQUETTE STREET ADDRESS 1.3 STRELT ADDRESS ST-EUSTACHE, QUEBEC, CANADA J715L-7 CITY-ST-ZIP 14 CHY-ST-ZIP TITLE \_\_\_ DELETE Change 21 INLE V.P. & SECRETARY Addition NAME 2.2 NAME REJEAN LAPIERRE 7800 W. OAKLAND PARK BLVD. BLDG. "G" STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP SUNRISE, FLORIDA 33351 2. 4 CITY - ST - ZIP DELETE TITLE Change 3.1 TITLE \_\_\_ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4 1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

os not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in