PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

٠1,

## FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90059 012 \*\*\*158.75

1. Corporation	MENT # \$74736 NAME MANAGEMENT GROUP, INC								
Principal Place	of Business	Mailing Address				i indiinia iti indii kidii iaana	tetia Ster Bener :	Pikit Atan anan	Billi Billi idel
•		3536 WAVERLY DOCK	RO. F.		-				
3536 WAVERLY DOCK RD. E. JACKSONVILLE FL 32223		JACKSONVILLE FL 32223			l			00.05	,
US		us	•		ļ	C_ (DO NOT WE		SPACE	<del></del>
					3	. Date Incorporated or Qualife 08/21/1991	a		1
O. D. facilità I Di	of Dunings	2a. Mailing Address			<u> </u>	. FEI Number		· An	plied For
	ace of Business	26 Mailing Address			7	59-3088069		<u> </u>	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					×	\$8.75	
22	., 0.2.	27			5	. Certifcate of Status Desired		Fee Re	equired
City & State	9	City & State			6	. Election Campaign Financing	,	\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		intry	8	. This corporation owes the cu	rrent year In		<b>-4</b> .
24	25	29	30	····		Personal Property Tax.		Yes	No
	9. Name and Address of Current	Registered Agent	<del> </del>	81 Name		. Name and Address of New	Registered	Agent	
NICE	IOLS MILTON I			81 Name					
NICHOLS, MILTON L 3536 WAVERLY DOCK RD EAST				82 Street	Address (	P.O. Box Number is Not Accep	table)		
l	KSONVILLE FL 32223			83					
. JAOI	SOMMELL 1 L OZZZO			0.5					
		<b>\</b>		84 City			FL	85 Zip	Code
44 =	007.050		atutes the a	hove named	corporation	on submits this statement for th	e purpose o	f changing its	registered
office or re	to the provisions of Sections but look egistered agent, or both, in the State of	zandep7.150e, Florida Si of Elorida Such change∧tr	aiules, lile a	hy the com	oration's h	poard of directors. I hereby acc	ent the appo	intment as re	nistered
		John Carlott Charles	3341011011260	a by the colb	MICHAELON 0 10	obla of alloctors, thoraby ass	obt into appa		9.5(0.00
agent. I ai	m familiar with, and accept the obligat	ens of, Section 607,0506,	Florida Stat	utes.	oralion o	on submits this statement for the located of directors. I hereby according	3	11-1	90
agent. I ai	- Lacons	~ ~~ /~	~~				DATE	1/21/	99
	Signature, typed or printed name of registered agen	t and title if applicable. (I	~~	Agent signature			DATE	121	77_
SIGNATURE	- Lacons	t and title if applicable. (I	NOTE: Registered	Agent signature		reinstating)	DATE	121	77_
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (I	NOTE: Registered	Agent signature		reinstating)	DATE	ND DIRECTO	7 7 DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN	t and tile if applicable.  D DIRECTORS	13. 1.1 TF	Agent signature	required when	reinstating)	DATE	ND DIRECTO	7 7 DRS IN 12
SIGNATURE  12.  TITLE - NAME  STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN DP NICHOLS, MILTON L	t and tile if applicable.  D DIRECTORS	NOTE: Registered	Agent signature TLE	required when	reinstating)	DATE	ND DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agen OFFICERS AN  DP NICHOLS, MILTON L 3536 WAVERLY DOCK ROAD E	t and tile if applicable.  D DIRECTORS	NOTE: Registered	Agent signature TLE AME TREET ADORESS	required when	reinstating)	DATE	ND DIRECTO	7 7 DRS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN  DP NICHOLS, MILTON L 3536 WAVERLY DOCK ROAD E JACKSONVILLE FL D NICHOLS, BRENDA K	T and tile if applicable.  D DIRECTORS  DELETE  AST	NOTE: Registered	Agent signature TLE AME TREET ADORESS TY-ST-ZIP	required when	reinstating)	DATE	ND DIRECTO	ORS IN 12
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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 all attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 2 99 (904) 268-705