


FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90001 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # V05571 1. Corporation Name NORTEX UNLIMITED, INC.		

Principal Place of Business 421 UPPER 36TH AVENUE SOUTH JACKSONVILLE BCH FL 32250 US	Mailing Address 421 UPPER 36TH AVENUE SOUTH JACKSONVILLE BCH FL 32250 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12380 Sonda Cove Suite, Apt. #, etc. Trail N.		2a. Mailing Address 26 12380 Sonda Cove Suite, Apt. #, etc. Trail N.		3. Date Incorporated or Qualified 01/10/1992	
22 Jacksonville FL City & State Zip 32225 Country USA		27 Jacksonville FL City & State Zip 32225 Country USA		4. FEI Number 59-3101840	
23 32225 USA		29 32225 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 32225 USA		30 32225 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA		31 USA		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 NAESSE, FRED I. 421 UPPER 36TH AVENUE SOUTH JACKSONVILLE BEACH, FL JACKSONVILLE FL 32250 <i>New addrs. →</i>		10. Name and Address of New Registered Agent 81 Name Naesse Fred I. 82 Street Address (P.O. Box Number is Not Acceptable) 12380 Sonda Cove Trail N 83 84 City Jacksonville FL 85 Zip Code 32225	
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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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAESSE, FRED I.	1.2 NAME	NAESSE FRED I
STREET ADDRESS	421 UPPER 36TH AVE-S.	1.3 STREET ADDRESS	12380 Sonda Cove trail N.
CITY-ST-ZIP	JACKSONVILLE BEACH FL	1.4 CITY-ST-ZIP	Jacksonville FL 32225
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAESSE, FRED I.	2.2 NAME	NAESSE FRED I
STREET ADDRESS	421 UPPER 36TH AVE-S.	2.3 STREET ADDRESS	12380 Sonda Cove trail N.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville FL 32225
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 904 613 8043
 Date Daytime Phone #

CR2E034 (11/98)