


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

05-08-1999 90001 012 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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 <b>12380 Sondra Cove</b> Suite, Apt. #, etc. <b>Trail N.</b> 22 <b>Jacksonville FL</b> City & State 23 <b>32225</b> <b>USA</b> Zip Country		2a. Mailing Address 26 <b>12380 Sondra Cove</b> Suite, Apt. #, etc. <b>Trail N.</b> 27 <b>Jacksonville FL</b> City & State 28 <b>32225</b> <b>USA</b> Zip Country		3. Date Incorporated or Qualified <b>01/10/1992</b>		4. FEI Number <b>59-3101840</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. <b>\$8.75</b> Additional Fee Required		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 <b>NAESSE, FRED I.</b> <b>421 UPPER 36TH AVENUE SOUTH</b> <b>JACKSONVILLE BEACH, FL</b> <b>JACKSONVILLE FL 32250</b> <i>New addrs. →</i>				10. Name and Address of New Registered Agent 81 Name <b>Naesse Fred I.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>12380 Sondra Cove Trail N</b> 83 84 City <b>Jacksonville</b> FL 85 Zip Code <b>32225</b>			
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PST</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PST</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NAESSE, FRED I.</b>		1.2 NAME <b>NAESSE FRED I</b>	
STREET ADDRESS <b>421 UPPER 36TH AVE-S.</b>		1.3 STREET ADDRESS <b>12380 Sondra Cove trail N.</b>	
CITY-ST-ZIP <b>JACKSONVILLE BEACH FL</b>		1.4 CITY-ST-ZIP <b>Jacksonville FL 32225</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NAESSE, FRED I.</b>		2.2 NAME <b>NAESSE FRED I</b>	
STREET ADDRESS <b>421 UPPER 36TH AVE-S</b>		2.3 STREET ADDRESS <b>12380 Sondra Cove trail N.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		2.4 CITY-ST-ZIP <b>Jacksonville FL 32225</b>	
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: *Fred I. Naesse* **4/28/99** **904 613 8043**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)