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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # V35571 1. Corporation Name

NCNP, INC.

Principal Place of Business

Mailing Address

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90276 041 ***150.00



| 9715 W BROWARD BLVD PLANTATION FL 33324 US | | 9715 W BROWARD BLVD PLANTATION FL 33324 US | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/08/1992 | | | |
|---|---|--|---|---|--|--------------------------------|---------------------------|
| 2 Principal P | lace of Business | 2a. Mailing Address | *** | | 4. FEI Number | | Applied For |
| | | | | | 65-0345410 | ↓ - ↓ | Not Applicable |
| 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | 5 Additional |
| 22 27 | | | | | 5. Certificate of Status Desired | | Required |
| City & State City & State 23 28 | | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip 24 | p Country Zip 25 29 30 | | | Country 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No | | | □No_ |
| 1 | 9. Name and Address of Cu | rrent Registered Agent | | | 10. Name and Address of New Registere | d Agent | |
| | | | 81 | Name | · | | |
| PERRIS, NICK 11731 NW 27 ST. | | | 82 | Street Add | t Address (P.O. Box Number is Not Acceptable) | | |
| | NTATION FL 33323 | | 83 | | | | |
| | | | 84 | City | | . 85 Zi | p Code |
| | | | | City | F | | |
| 11. Pursuant office or reagent. I as | to the provisions of Sections 607, egistered agent, or both, in the Si m familiar with, and accept the ob | 0502 and 607.1508, Florida Statute tate of Florida. Such change was au pligations of, Section 607.0505, Flor | es, the above uthorized by ida Statutes | e-named cor the corporat | rporation submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the statement for the purpose the statement for the statement fore | of changing pointment as | its registered registered |
| SIGNATURE | Signature, typed or printed name of registered | d agent and title if applicable (NOTE: | Registered Ager | nt signature requi | ired when reinstating) DATE | | |
| 12. | OFFICERS | S AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | Chanç | ge Addition |
| NAME | PERRIS, NICK | | 1.2 NAME | | | | |
| STREET ADDRESS | 11731 NW 27TH ST. | | 1.3 STREE | TADORESS | | | |
| CITY-ST-ZIP | PLANTATION FL | | 1.4 CITY-S | T-ZIP | | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | | Chang | ge |
| NAME | | | 2.2 NAME | | | | |
| STREET ADDRESS | | | | TADDRESS | | | i |
| | | | 2. 4 C/TY-5 | | | | |
| CITY-ST-ZIP | | □ DELETE | 3.1 TITLE | 71-21 | | Chang | ge 🗌 Addition |
| TITLE | | | 3.2 NAME | | | | |
| NAME | | | | TADDDESS | | | |
| STREET ADDRESS | | | 3.3 STREE | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-5 | ST-ZIP | | ☐ Chang | e |
| TITLE | | . DELETE | 4.1 TITLE | | | | , |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREE | TADDRESS | | | |
| CITY+ST-ZIP | | | 4.4 CITY-S | T-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | Chang | ge Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Chang | ge Addition |
| NAME | | | 6.2 NAME | | | | |
| | | | 6.3 STREE | T ADDRESS | | | } |
| STREET ADDRESS | | | 64 CITY-S | T-71P | | | |

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: