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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V64833

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

04-08-1999 90094 022 ***150.00

NURVAL	n Name ., INC	-								
Principal Place	e of Busines	. ·	Maili	ing Address		-m-	 -		(
5106 MALLARD				MALLARD'S PLACE						
COCONUT CREEK FL 33073 COCONUT CREEK FL 33073										
US			US				 -	DO NOT WRITE I	N THIS SPACE	
							1	3. Date Incorporated or Qualifed 09/11/1992		
Principal Place of Business 2a. Mailing Address						,		4. FEI Number		Applied For
21 26								65-0361777		Not Applicable
Suite, Apt. #, etc. 22					* 2.* * .			5. Certifcate of Status Desired		Additional Required
City & Stat	te			City & State				6. Election Campaign Financing	\$5.0	May Be
23			28					Trust Fund Contribution		d to Fees
Zip		Country	Z	Zip	Cour	ntry		8. This corporation owes the current		_
24		25	29		30			Personal Property Tax.	Yes	□No
	9. Name	and Address of Curi	ent Registe	ered Agent		81 Name	1	Name and Address of New Regi	stered Agent	
DEA	DINC DOS	IALD I				81 Name				
DEARING, RONALD J. 5106 MALLARD'S PLACE						82 Street Address (P.O. Box Number is Not Acceptable)				
		EEK FL 33073				83				·
	onio ou	LEIGHT DUOID				03				
		•				84 City		tion submits this statement for the pur	FLI	p Code
office or i agent. I a SIGNATURE	am familiar w	gent, or both, in the Sta with, and accept the oblin	igations of, S	Section 607.0505, Fig	inda Statu	ites.		board of directors. I hereby accept th		
1 40					Ť	- agriculture in	required who	·	DATE	
12.	1 65	OFFICERS		TORS	13.		required who	an reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	
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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 an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR (S. C. D. Z. A.) TODIO

-4-99 954-401-6 Daytime Phone #