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

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # L65610



Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE Katherine Harris

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90012 029 ***150.00

110100	NIERFRISES INC.									
Principal Place	a of Rusinass	Mailing Addre	SS			•			JJBJI 8(81) 8	HON AND THE
107 VALENCIA		107 VALENCIA						-		
118 VALENCIA		118 VALENCIA								
ISLAMORADA F		ISLAMORADA FL 33036					DO NOT WRITE IN THIS SPACE			
US		US					3. Date Incorporated or Qualifed 04/13/1990			
2. Principal P	lace of Business	2a. Mailing Ad	ldress				4. FEI Number		Ap	plied For
21		26					65-0185244			t Applicable
	#, etc	Suite, Apt.	#, etc		*****		5. Certificate of Status Desired			Additional
22		27					5. Certificate of Cicios Desired		Fee Re	quired
City & State		City & Sta	ite				6. Election Campaign Financing	П	\$5.00	
23		28					Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip			untry		8. This corporation owes the current			
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agen	1t		1		10. Name and Address of New Reg	gistered Age	ent	
DICL	HARDSON, JOHN HARLAN				81	Name				
	VALENCIA DRIVE				82	Street Add	dress (P.O. Box Number is Not Acceptable	e)		
	MORADA FL 33036									
ISLA	INICHADA PL 33036				83					
					84	City		18	35 Zip (Code
						•		FL		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Flo	orida Statute	s, the	above	-named cor	poration submits this statement for the pulion's board of directors. I hereby accept t	rpose of cha	nging its ent as re	registered gistered
office of r	egistered agent, or both, in the State in familiar with, and accept the obligation	tions of, Section 60	ange was at 7.0505, Flor	ida Sta	itutes.	ille corporat	don's board of directors. Thereby accept t	пс арролип	0111 00 10	gistored
-3										
SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable.	(NOTE:	Registere	ed Agent	signature requir	red when reinstating)	DATE		
SIGNATURE	OFFICERS AN	D DIRECTORS	`	13.		t signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND I		
	OFFICERS AN	D DIRECTORS	(NOTE:	13.		signature requir		CERS AND I	IRECTO	ORS IN 12
12.	PD RICHARDSON, JOHN HARLAN	D DIRECTORS	`	1.1 7		signature requir		CERS AND I		
12 . πιε	OFFICERS AN PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR	D DIRECTORS	`	13. 1.1 T 1.2 N	TITLE NAME	signature requir	ADDITIONS/CHANGES TO OFFIC	CERS AND I		
12. TITLE NAME	OFFICERS AN PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL	D DIRECTORS	DELETE	13. 1.1.1 1.2.N 1.3.S 1.4.6	ITLE NAME STREET	ADDRESS		CERS AND [] Change	Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AN PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL VD	D DIRECTORS	`	13. 1.1.1 1.2.N 1.3.8 1.4.6	TITLE NAME	ADDRESS	ADDITIONS/CHANGES TO OFFIC	CERS AND [
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL VD RICHARDSON, ABBIE	D DIRECTORS	DELETE	13. 1.1.1 1.2.N 1.3.5 1.4.6 2.1.1	ITLE NAME STREET	ADDRESS	ADDITIONS/CHANGES TO OFFIC	CERS AND [] Change	Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	OFFICERS AN PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL VD RICHARDSON, ABBIE 118 VALENCIA DR	D DIRECTORS	DELETE	13. 1.11 1.2 M 1.3 S 1.4 G 2.1 T 2.2 M 2.3 S	NAME STREET	ADDRESSZIP	ADDITIONS/CHANGES TO OFFIC	CERS AND [] Change	Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	OFFICERS AN PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL VD RICHARDSON, ABBIE	D DIRECTORS	DELETE	13. 1.11 1.2 M 1.3 S 1.4 C 2.11 2.2 M 2.3 S	NAME STREET	ADDRESS ZIP	ADDITIONS/CHANGES TO OFFIC	CERS AND [] Change	Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL VD RICHARDSON, ABBIE 118 VALENCIA DR	D DIRECTORS	DELETE	13. 1.11 1.2 M 1.3 S 1.4 C 2.11 2.2 M 2.3 S	NAME STREET	ADDRESSZIP	ADDITIONS/CHANGES TO OFFIC	CERS AND [] Change	Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL VD RICHARDSON, ABBIE 118 VALENCIA DR	D DIRECTORS	DELETE	13. 1.11 1.2N 1.3 \$ 1.46 2.11 2.2N 2.3 \$ 3.11	NAME STREET	ADDRESSZIP	ADDITIONS/CHANGES TO OFFIC	CERS AND [] Change	Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL VD RICHARDSON, ABBIE 118 VALENCIA DR	D DIRECTORS	DELETE	13. 1.17 1.2N 1.3 \$ 1.46 2.17 2.2N 2.3 \$ 2.4 3.11 3.2 N	NAME STREET OUTY-ST TITLE NAME STREET CITY-ST TITLE	ADDRESSZIP	ADDITIONS/CHANGES TO OFFIC	CERS AND [] Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AN PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL VD RICHARDSON, ABBIE 118 VALENCIA DR	D DIRECTORS	DELETE	13. 1.1.7 1.2.N 1.3.\$ 1.4.0 2.1.7 2.2.N 2.3.\$ 2.4 3.1.7 3.2.N 3.3.\$ 3.4.0	TITLE NAME STREET CITY-ST TITLE NAME STREET TITLE NAME STREET STREET CITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP-	ADDITIONS/CHANGES TO OFFIC	CERS AND C] Change	☐ Addition☐ Addition☐ Addition☐ Addition☐
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL VD RICHARDSON, ABBIE 118 VALENCIA DR	D DIRECTORS	DELETE	13. 1.1.7 1.2.N 1.3.\$ 1.4.0 2.1.7 2.2.N 2.3.\$ 2.4 3.1.7 3.2.N 3.3.\$ 3.4.0	TITLE NAME STREET TITLE NAME STREET CITY-ST TITLE NAME STREET	ADDRESS T-ZIP ADDRESS T-ZIP-	ADDITIONS/CHANGES TO OFFIC	CERS AND C] Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL VD RICHARDSON, ABBIE 118 VALENCIA DR	D DIRECTORS	DELETE	13 1.17 1.2 N 1.3 S 1.4 C 2.17 2.2 N 2.3 S 2.4 3.11 3.2 N 3.3 S 3.4.1	TITLE NAME STREET CITY-ST TITLE NAME STREET TITLE NAME STREET STREET CITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP-	ADDITIONS/CHANGES TO OFFIC	CERS AND C] Change	☐ Addition☐ Addition☐ Addition☐ Addition☐
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL VD RICHARDSON, ABBIE 118 VALENCIA DR -ISLAMORADA FL	D DIRECTORS	DELETE	133 1.17 1.2 M 1.3 S 1.4 G 2.17 2.2 M 2.3 S 2.4 3.17 3.2 M 3.3 S 3.4 .17 4.2	TITLE STREET, STREET, STREET STREET STREET STREET STREET STREET COTY-ST	ADDRESS T-ZIP ADDRESS T-ZIP-	ADDITIONS/CHANGES TO OFFIC	CERS AND C] Change	☐ Addition☐ Addition☐ Addition☐ Addition☐
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL VD RICHARDSON, ABBIE 118 VALENCIA DR -ISLAMORADA FL	D DIRECTORS	DELETE DELETE	138 1.17 1.2 M 1.3 S 1.4 C 2.17 2.2 M 2.3 S 2.4 4 3.17 3.2 M 3.3 S 3.4 4.17 4.2 4.3 S	TITLE STREET, STREET, STREET STREET STREET STREET STREET STREET COTY-ST	ADDRESS -ZIP ADDRESS T-ZIP- SADDRESS T-ZIP- ADDRESS T-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFIC	CERS AND C	Change Change Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL VD RICHARDSON, ABBIE 118 VALENCIA DR -ISLAMORADA FL	D DIRECTORS	DELETE	133 1.11 1.2N 1.3 \$ 1.4 (2.1	TITLE NAME STREET, STREET, STREET CITY-ST STREET CITY-ST STREET CITY-ST STREET CITY-ST STREET CITY-ST STREET ST	ADDRESS -ZIP ADDRESS T-ZIP- SADDRESS T-ZIP- ADDRESS T-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFIC	CERS AND C] Change	☐ Addition☐ Addition☐ Addition☐ Addition☐
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL VD RICHARDSON, ABBIE 118 VALENCIA DR -ISLAMORADA FL	D DIRECTORS	DELETE DELETE	133 1.117 1.2N 1.3 S 1.4 C 2.117 2.2N 2.3 S 2.4 4 3.117 3.3 S 3.4.17 4.2 4.3 S 4.4 C 5.117 5.21	TITLE NAME STREET, STREET, STREET, CITY-ST STREET, CITY-ST TITLE NAME STREET, CITY-ST TITLE NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO OFFIC	CERS AND C	Change Change Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL VD RICHARDSON, ABBIE 118 VALENCIA DR -ISLAMORADA FL	D DIRECTORS	DELETE DELETE	133 1.117 1.2N 1.3 S 1.4 C 2.117 2.2N 2.3 S 2.4 4 3.117 3.3 S 3.4.17 4.2 4.3 S 4.4 C 5.117 5.21	TITLE NAME STREET, STREET, STREET, CITY-ST STREET, CITY-ST TITLE NAME STREET, CITY-ST TITLE NAME	ADDRESS -ZIP ADDRESS T-ZIP- SADDRESS T-ZIP- ADDRESS T-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFIC	CERS AND C	Change Change Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL VD RICHARDSON, ABBIE 118 VALENCIA DR -ISLAMORADA FL	D DIRECTORS	DELETE DELETE DELETE	133 1.117 1.2N 1.3 S 1.4 C 2.117 2.2N 2.3 S 2.4 4 3.117 3.3 S 3.4.17 4.2 4.3 S 4.4 C 5.117 5.2 I 5.3 S 5.4 C	ITTLE VAME STREET. TITLE VAME STREET. CITY-ST	ADDRESS ADDRESS T. ZÎP ADDRESS F. ZÎP ADDRESS - ZÎP ADDRESS	ADDITIONS/CHANGES TO OFFIC	CERS AND C	Change Change Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL VD RICHARDSON, ABBIE 118 VALENCIA DR -ISLAMORADA FL	D DIRECTORS	DELETE DELETE	133 1.11 1.2 M 1.3 S 1.4 C 2.11 2.2 M 2.3 S 2.4 A 3.11 3.2 M 3.3 S 3.4 M 4.11 4.2 A 3.5 A 4.4 C 5.11 5.2 M 5.3 S 5.4 C 6.11	TITLE NAME STREET. STREET. CITY-ST TITLE NAME STREET. CITY-ST TITLE NAME STREET. TITLE NAME STREET. TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	ADDRESS ADDRESS T. ZÎP ADDRESS F. ZÎP ADDRESS - ZÎP ADDRESS	ADDITIONS/CHANGES TO OFFIC	CERS AND C	Change Change Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL VD RICHARDSON, ABBIE 118 VALENCIA DR -ISLAMORADA FL	D DIRECTORS	DELETE DELETE DELETE	133 1.11 1.2 M 1.3 S 1.4 C 2.11 2.2 M 2.3 S 2.4 A 3.11 3.2 M 3.3 S 3.4 M 4.11 4.2 A 3.5 A 4.4 C 5.11 5.2 M 5.3 S 5.4 C 6.11	ITTLE VAME STREET. TITLE VAME STREET. CITY-ST	ADDRESS ADDRESS T. ZÎP ADDRESS F. ZÎP ADDRESS - ZÎP ADDRESS	ADDITIONS/CHANGES TO OFFIC	CERS AND C	Change Change Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD RICHARDSON, JOHN HARLAN 118 VALENCIA DR ISLAMORADA FL VD RICHARDSON, ABBIE 118 VALENCIA DR -ISLAMORADA FL	D DIRECTORS	DELETE DELETE DELETE	133 1.117 1.2 N 1.3 S 1.4 C 2.117 2.2 N 2.3 S 2.4 4 3.117 3.3 S 3.4.17 4.2 4.3 S 4.4 C 5.117 5.2 P 5.3 S 5.4 C 6.117 6.2 P	ITTLE NAME STREET, TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET TITLE NAME	ADDRESS ADDRESS T. ZÎP ADDRESS F. ZÎP ADDRESS - ZÎP ADDRESS	ADDITIONS/CHANGES TO OFFIC	CERS AND C	Change Change Change	Addition Addition Addition Addition

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 angual 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 receiper 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.

NG OFFICER OR DIRECTOR