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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J07591** **(7)**

1. Corporation Name
N.S.I. MANAGEMENT, INC.

600001472146
-05/03/95--01005--013
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2420 ENTERPRISE ROAD SUITE 204 CLEARWATER FL 34623	2420 ENTERPRISE ROAD SUITE 204 CLEARWATER FL 34623

3. Date Incorporated or Qualified: 04/01/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2420 ENTERPRISE ROAD	26 2420 ENTERPRISE ROAD
Suite, Apt. #, etc. 22 SUITE 105	Suite, Apt. #, etc. 27 SUITE 105
City & State 23 CLEARWATER FL	City & State 28 CLEARWATER FL
Zip 24 34623 Country 25	Zip 29 34623 Country 30

4. FEI Number: 59-2672590 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POSTON, WILLIAM G C/O NSI MANAGEMENT INC 2420 ENTERPRISE RD STE 204 CLEARWATER FL 34623	81 Name: POSTON, WILLIAM G. 82 Street Address (P.O. Box Number is Not Acceptable): c/o NSI MANAGEMENT INC 83 2420 ENTERPRISE ROAD SUITE 105 84 City: CLEARWATER FL 85 Zip Code: 34623

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	XX ☐ Change ☐ Addition
NAME	O'NEILL, PATRICK J.	12 NAME	
STREET ADDRESS	2420 ENTERPRISE RD. #204	13 STREET ADDRESS	2420 ENTERPRISE ROAD SUITE 105
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	XX ☐ Change ☐ Addition
NAME	POSTON, WILLIAM GL	22 NAME	
STREET ADDRESS	2420 ENTERPRISE RD. #204	23 STREET ADDRESS	2420 ENTERPRISE ROAD SUITE 105
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	XX ☐ Change ☐ Addition
NAME	O'NEILL EDWARD J.	32 NAME	
STREET ADDRESS	2420 ENTERPRISE RD. #204	33 STREET ADDRESS	2420 ENTERPRISE ROAD SUITE 105
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	XX ☐ Change ☐ Addition
NAME	STEWART, KARIN A	42 NAME	
STREET ADDRESS	4811 W MCELROY AVE	43 STREET ADDRESS	50 SANDPIPER ROAD
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: P O'Neill PATRICK J. O'NEILL 4/10/95 313-534-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070060 CP