

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # J07591

(7)

1. Corporation Name

N.S.I. MANAGEMENT, INC.



Principal Place of Business

2420 ENTERPRISE ROAD
SUITE 105
CLEARWATER FL 34623

Mailing Address

2420 ENTERPRISE ROAD
SUITE 105
CLEARWATER FL 34623

2. Principal Place of Business

21 3040 GULF TO BAY BLVD

Suite, Apt. #, etc.

#205

City & State

23 CLEARWATER FL

Zip

34619

Country

US

24

2a. Mailing Address

26 3040 GULF TO BAY BLVD

Suite, Apt. #, etc.

#205

City & State

28 CLEARWATER FL

Zip

34619

Country

US

29

30

9. Name and Address of Current Registered Agent

POSTON, WILLIAM G
C/O NSI MANAGEMENT INC
2420 ENTERPRISE RD STE 105
CLEARWATER FL 34623

3. Date Incorporated or Qualified

04/01/1986

3a. Date of Last Report

05/01/1995

4. FCI 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. 199.03?

Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name POSTON, WILLIAM G.

82 Street Address (P.O. Box Number is Not Acceptable)
C/O NSI MANAGEMENT, INC.

83 3040 GULF TO BAY BLVD #205

84 City CLEARWATER

FL

85 Zip Code 34619

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 607.0503, Florida Statutes.

SIGNATURE

Signature must be printed below and must be signed by the officer or director.

Signature must be printed below and must be signed by the officer or director.

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
DC	O'NEILL, PATRICK J.	2420 ENTERPRISE RD. #105	CLEARWATER FL	☐
P	POSTON, WILLIAM GL	2420 ENTERPRISE RD. #105	CLEARWATER FL	☐
DT	O'NEILL EDWARD J.	2420 ENTERPRISE RD. #105	CLEARWATER FL	☐
S	STEWART, KARIN A	50 SANDPIPER ROAD	TAMPA FL	☐
				☐
				☐

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

3040 GULF TO BAY BLVD #205
Clearwater FL 34619

☒ Change

☐ Addition

3040 GULF TO BAY BLVD #205
CLEARWATER FL 34619

☒ Change

☐ Addition

3040 GULF TO BAY Blvd #205
CLEARWATER FL 34619

☒ Change

☐ Addition

4911 W. McELROY AVE
TAMPA FL 33611

☐ Change

☐ Addition

☐ Change

☐ Addition

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)(a), 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 in an attachment with an address.

SIGNATURE:

P. O'Neill

PATRICK J. O'NEILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

313-534-4040

CR2E034 (12/95)