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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V03741

N.S.S. ACQUISITION CORP.

Principal Plac	ce of Business	Mailing Address				-	1,10, (10, 6,6,)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2., 0.0., 2.2() (\$4)	
3350 S US 1 3350 S US 1										
FORT PIERCE	FL 34982	FORT PIERCE FL 34982								
US		US	US			DO NOT WE	RITE IN THIS	SPACE		
						3. Date Incorporated or Qualife	d .			
						01/02/1992	;			
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	٠.٠,		Applied For	Π.
21		26	26			65-0309521			Not Applicable	, T
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			E Contiforto of Status Desired		\$8.7	5 Additional	7 :
22		27	27			5. Certificate of Status Desired Fee Required				
City & Stat	le	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28	28			Trust Fund Contribution	' 🗆 :		ed to Fees	
Zip	Country	Zip	Zip Country			8. This corporation owes the cu	rrent year Int	angible		
24 25		29 30			Personal Property Tax. ☐ Yes ☐ No					
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New	Registered	Agent		
0140	71 101010140		[]	B1 Na	me					7
	TH, NICHOLAS		l l	22 C+-	oot Adde	oco /D O. Pov Number in Not Asses	table) : :			
	NORTHLAKE BLVD		82 Street Ad			ess (P.O. Box Number is Not Accep	table)		* * *	
LAKI	E PARK FL 33403		1	83		C. (4.15%) 1.38 (3.18)	(1) 15 (EF)		CLUB RECEN	\dashv
						1. 经销售额	41 12 2, 21			
			[1	34 Cit	у	rena 1 vitor de gale.	E1	85 Zi	ip Code	-
11. Pursuant	to the provisions of Sections 607.050	22 and 607 1508 Florida Statut	es the sh	We-Dar	ned come	oration submits this statement for th	e purpose of	changing	ite registered	-1
Office of r	egistered agent, or both, in the State	of Florida. Such change was a	iuthorized i	ov the c	orporatio	on's board of directors. I hereby acco	ept the appoin	ntment as	registered	
agent. i a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statut	es .						
SIGNATURE	Clanature band a scientific and a Company	-11								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS			13.	gent signa	ture required	red when reinstating): DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	DP OTTIGERO AI	DELETE	1.1 TITL		1		FFICERS AN	Chang		; ;
NAME	SMITH, NICHOLAS S					35-031/35/21		Criang	le 🗀 vaginoi	13
				1.2 NAME						- 13
STREET ADDRESS				EET ADDR	ESS					ļ
CITY-ST-ZIP	LAKE PARK FL		_	-ST-ZIP						<u>ۇ</u> ل∟
TITLE	ST	☐ DELETE	2.1 TITL	Ē				☐ Chang	ge 🔲 Addition	۱ [۱
NAME	SMITH, NICHOLAS S.		2.2 NAM	E				•		
STREET ADDRESS	1210 NORTHLAKE BLVD.		2.3 STRI	ET ADDR	ESS					
CITY-ST-ZIP	LAKE PARK FL		2. 4 CIT	′-ST-ZIP						=
TITLE EXECT	IA Kilement III	☐ DELETE	3.1 TITLI	•				Chang	ge 🗌 Addition	n
NAME :	接触过化。 使的特殊性性		3.2 NAM	E				1.4		
STREET ADDRESS			3.3 STR	ET ADDR	ESS	winds to the first residence	5 6 C + 1 T C T & C + 1 + 1 + 2 + 1	All the second	e i ja	1
CITY-ST-ZIP	· 「 A A A A A A A A A A A A A A A A A A		3.4. CITY	-ST-ZIP			A HALL	出紅鷺		
TITLE		☐ DELETE	4.1 TITLE			1	21, 7, 120]	Chang	e / Addition	7
NAME			4. 2 NAM	ıF.			-	- •		
STREET ADDRESS				ET ADDRI	===				,	
CITY-ST-ZIP	•	,			-33					
TITLE		☐ DELETE	4.4 CITY 5.1 TITLE					Chana	a Addition	-
NAME		Control	5.2 NAM			20.00		☐ Change	e	'
						a · · yar				
STREET ADDRESS	Fig.			ET ADDR	:55	The state of the state	: • •			1
CITY-ST-ZIP	Α. Λ.(1.)		5.4 CITY			FF-87666581				
TITLE	A STATE OF THE STA	☐ DELETE	6.1 TITLE					Change	e 🗌 Addition	ין י
NAME			6.2 NAMI	Ē						
STREET ADDRESS	Part of the second		6.3 STRE	ET ADDRE	SS				í.	

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:

ME OF SIGNING OFFICER OR DIRECTOR

1/27/99

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90046 005 ***150.00

561-464-8440