

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V22304** (2)
1. Corporation Name
NICR, INC.



Principal Place of Business: **2640 118TH AVENUE ST. PETERSBURG FL 33716 US**
Mailing Address: **2640 118TH AVENUE N ST. PETERSBURG FL 33716 US**

3. Date Incorporated or Qualified: **03/19/1992**
3a. Date of Last Report: **06/26/1995**

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

4. FEI Number: **59-3116005**
5. Certificate of Status Desired: **A** \$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
**POINTER, ANN E
2600 187TH AVE NORTH
ST PETERSBURG FL 33716**

10. Name and Address of New Registered Agent
81. Name: **Same**
82. Street Address (P.O. Box Number is Not Acceptable): **13535 Feather Sound Drive, Suite 327**
83. City: **Clearwater**
84. State: **FL**
85. Zip Code: **34622**

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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	GALINSKI, PETER MICHAEL	
STREET ADDRESS	2600 118TH AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DCOO	<input checked="" type="checkbox"/> DELETE
NAME	GIAMMARRUSCO, JOSEPH	
STREET ADDRESS	2600 118TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DCFO	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, ARIS	
STREET ADDRESS	2600 118TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HALL, GREGORY	
STREET ADDRESS	2600 118TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	SGC	<input type="checkbox"/> DELETE
NAME	POINTER, ANN E	
STREET ADDRESS	2600 118TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DCDO	<input checked="" type="checkbox"/> DELETE
NAME	ALLSWORTH, T W	
STREET ADDRESS	2600 188TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Galinski, Michael B	
1.3 STREET ADDRESS	13535 Feather Sound Drive, Suite 327	
1.4 CITY-ST-ZIP	Clearwater, FL 34622	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	13535 Feather Sound Drive, Suite 327	
4.4 CITY-ST-ZIP	Clearwater, FL 34622	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	13535 Feather Sound Drive, Suite 327	
5.4 CITY-ST-ZIP	Clearwater, FL 34622	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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: Ann E Pointer, Ann E. Pointer 4/23/96 813-573-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)