

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # V22304 (2)

1. Corporation Name
NICR, INC.



Principal Place of Business
~~C/O D. MICHAEL POINTER, II~~
~~2550 118TH AVENUE NORTH~~
~~ST. PETERSBURG FL 33716~~
 US

Mailing Address
 C/O D. MICHAEL POINTER, II
 2550 118TH AVENUE NORTH
 ST. PETERSBURG FL 33716
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2600 118th Avenue North Suite, Apt. #, etc.	2a. Mailing Address 26 State, Apt. #, etc.	3. Date Incorporated or Qualified 03/19/1992	4. FEI Number 59-3116005	Applied For Not Applicable
22 City & State 23 St. Petersburg, FL	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33716 25 USA	28 Zip 29 Country 30	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

g. Name and Address of Current Registered Agent POINTER, D. MICHAEL II 2550 118TH AVENUE NORTH ST. PETERSBURG FL 33716	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO GALINSKI, MICHAEL B 13535 FEATHER SOUND DRIVE, SUITE 327 CLEARWATER FL 34622	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>see zip code</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HALL, GREGORY 13535 FEATHER SOUND DRIVE, SUITE 327 CLEARWATER FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POINTER, ANNE 13535 FEATHER SOUND DRIVE, SUITE 327 CLEARWATER FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pointer, D. Michael Pointer II 2550 118th Avenue North St. Petersburg, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 400002527024 -05/18/98--01046--018 ***158.75 <i>5/14</i>

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 to my address.

SIGNATURE: *D. Michael Pointer II* *D. Michael Pointer II* *4/26/98 (812) 572-9275*

CR2E034 (10/97)