

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **V24268** (7)

95 APR 13 PH 4:20

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

Principal Place of Business
**6514 HARBOUR ROAD
N. LAUDERDALE FL 33068**

Mailing Address
**P.O. BOX 63-8827
MARGATE FL 33063-8827
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/27/1992** 3a. Date of Last Report **04/12/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	5750 Margate Blvd.	26	PO Box 93-8827	65-0426768		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22	# 202	27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23	MARGATE FL	28					
24	Zip 33063	25	Country US	29	Zip 33093-8827	30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PEEPLES, PAUL 6514 HARBOUR RD N LAUDERDALE FL 32301				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				5750 Margate Blvd. # 201			
				B4	City	MARGATE	FL

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 of position (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEEPLES, PAUL	1.2 NAME	Teena Peeples
STREET ADDRESS	6514 HARBOUR RD	1.3 STREET ADDRESS	2471 Dewey St.
CITY - ST - ZIP	N LAUDERDALE FL	1.4 CITY - ST - ZIP	Hollywood FL 33020
TITLE	VS	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEEPLES, BROOKSIE	2.2 NAME	Lee B Huntley
STREET ADDRESS	6514 HARBOUR RD	2.3 STREET ADDRESS	10070 NW 36th St. +D
CITY - ST - ZIP	N LAUDERDALE FL	2.4 CITY - ST - ZIP	Coral Springs FL 33065
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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 of this report, or on an attachment with an address.

SIGNATURE: *Paul Peeples* **Paul Peeples** Pres **4-15-95** **305-977-8584**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Required if new)