

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # V24268 (7)
1. Corporation Name

N.I.S., INC.

Principal Place of Business
5750 Margate Blvd. #207 Margate, Fl. 33063

Mailing Address
Box 93-8827 Margate, Fl. 33093-8827 US

2. Principal Place of Business
21 **5750 Margate Blvd.**
Suite, Apt. #, etc.
22 **#207**
City & State
23 **Margate, Fl.**
Zip Country
24 **33063 US**

2a. Mailing Address
26 **Box 93-8827**
Suite, Apt. #, etc.
27
City & State
28 **Margate, Fl.**
Zip Country
29 **33093-8827 US**

3. Date Incorporated or Qualified **03-27-1992** 3a. Date of Last Report **April 1995**

4. FEI Number **65-0426768** 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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**Paul R. Peeples
11852 Royal Palm Blvd.
Coral Springs, Fl. 33065**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
11852 Royal Palm Blvd.
83
84 City **Coral Springs** FL 85 Zip Code **33065**

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 *Paul R. Peeples* **Paul R. Peeples** **4-2-96** DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	PEEPLS, PAUL	
STREET ADDRESS	11852 Royal Palm Blvd.	
CITY-ST-ZIP	Coral Springs, Fl 33065	<input type="checkbox"/> DELETE
TITLE	VS	<input type="checkbox"/> DELETE
NAME	PEEPLS, BROOKSIE	
STREET ADDRESS	7520 nw 79 Ave R-2	
CITY-ST-ZIP	Tamarac, Fl. 33321	<input type="checkbox"/> DELETE
TITLE	M	<input type="checkbox"/> DELETE
NAME	PEEPLS, TEEA	
STREET ADDRESS	2471 Dewey St.	
CITY-ST-ZIP	Hollywood, Fl. 33020	<input type="checkbox"/> DELETE
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNTLEY, LEE	
STREET ADDRESS	10070 NW 36 street #d	
CITY-ST-ZIP	Coral Springs, Fl. 33065	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11852 Royal Palm Blvd. Coral Springs, Fl. 33065
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	7520 nw 79 Ave R-2 Tamarac, Fl. 33321
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	500001777925
4.4 CITY-ST-ZIP	-04/12/96--01016--016
4.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.6 NAME	***200.00
4.7 STREET ADDRESS	
4.8 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 included 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, and in an attachment with an address.

SIGNATURE: *Paul R. Peeples* **Paul R. Peeples** **4-2-96** **954-977-8584**
DATE: **4-2-96** **SG-41-11-96**

CR2E034 (12/95)