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FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004933 (6)**

1. Corporation Name

NSB CAPS, INC.



Principal Place of Business 100 BARRACUDA BLVD. NEW SMYRNA BEACH FL 32169	Mailing Address PO BOX 1808 NEW SMYRNA FL 32170
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3. Date Incorporated or Qualified 10/16/1995
4. FEI Number 59-3298590
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOULD, ZILLIAH
100 BARRACUDA BLVD.
NEW SMYRNA BEACH FL 32169**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOULD, ZILLIAH C	
STREET ADDRESS	829 BOLTON RD.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILDER, T.C. JR.	
STREET ADDRESS	440 GRANADA ST.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHAPMAN, ZADAH V	
STREET ADDRESS	805 WINONA DR.	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ADAMS, DONNA G	
STREET ADDRESS	2270 SWOOPE DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bayles, Ronald L. & Sally	
1.3 STREET ADDRESS	503 N. Causeway, Unit 501	
1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	L. Kelly Faulkenham	
3.3 STREET ADDRESS	3015 Needle Palm Dr.	
3.4 CITY-ST-ZIP	Edgewater, FL 32141	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gould, Zillah C.	
4.3 STREET ADDRESS	829 Bolton Rd.	
4.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Zillah C. Gould

3/12/98

904-478-8251

CR2E037 (10/97)