

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **280137** (1)

1. Corporation Name
NISBETS INC



Principal Place of Business
**490 PEACHTREE STREET
COCOA FL 32922**

Mailing Address
**P OBOX 177
COCOA FL 32923-0177
US**

3. Date Incorporated or Qualified **04/06/1964** 3a. Date of Last Report **06/08/1995**

4. FEI Number **59-1039785** 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 or intangible tax under s. 199.032, Florida Statutes Yes No

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 Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

**BARNHART, W. L.
490 PEACHTREE ST.
COCOA FL 32922**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 the legal name of the corporation (Typed Name of Agent and signature required when re-appointing)

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	LAWRENCE, SUE NIGHET	
STREET ADDRESS	675 SOUTH TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNHART, SARA N	
STREET ADDRESS	1265 LESLIE DRIVE	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	QUENZLER, CLAIR N	
STREET ADDRESS	977 S TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARNHART, LEE	
STREET ADDRESS	1265 LESLIE DRIVE	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	LAWRENCE, SUE NIGHET
13 STREET ADDRESS	35152
14 CITY-ST-ZIP	32952
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	32452
24 CITY-ST-ZIP	32952
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	35152
34 CITY-ST-ZIP	32952
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	35152
44 CITY-ST-ZIP	32952
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Sandra B. Morbham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

632-6143
DATE: _____ DAYTIME PHONE: _____

CR2E034 (12/95)