

ANNUAL REPORT
1995

Department of Banking
Division of Corporations

DOCUMENT # 622225

(1)

1. Corporation Name

NEBULA INC.

Principal Place of Business

1402 N HWY A-1-A
SATELLITE BCH. FL 32907

Mailing Address

1402 N HWY A-1-A
SATELLITE BCH. FL 32907

95 APR 26 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/18/1979	3a. Date of Last Report 04/13/1994
4. FEI Number 59-2214108	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 C. 193.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

.

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

APUZZO, LOUIS J.
600 HAWKSBILL ISLAND DRIVE
SATELLITE BCH. FL 32907

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

Louis J. Apuzzo
(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

4-4-95

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	APUZZO, LOUIS J.
STREET ADDRESS	600 HAWKSBILL ISLAND DR
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	V
NAME	PALM, CHARLES J.
STREET ADDRESS	215 KINGSWAY
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	S
NAME	IADARESTA, CHARLES J.
STREET ADDRESS	1238 HARTFORD TURNPIKE
CITY - ST - ZIP	VERNON CT
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	S
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 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:

Louis J. Apuzzo
(Signature and typed or printed name of signing officer or director)

4-4-95

(Date)

407-777-0342

(Telephone Number)