

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 17 1997 8:00am  
Secretary of State

DOCUMENT # F94000005379 (2)

1. Corporation Name  
NISSCO, INC.

Principal Place of Business  
PO BOX 2227  
BONITA SPRINGS FL 33959

Mailing Address  
PO BOX 2227  
BONITA SPRINGS FL 33959



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br>10/17/1994  | 3a. Date of Last Report<br>05/01/1996                  |
| 4. FEI Number<br>65-0295897  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | \$8.75 Additional<br>Fee Required                      |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | \$5.00 May Be<br>Added to Fees                         |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |   |
|---|---|
| 2. Principal Place of Business<br>21 14848 OLD US 41<br>Suite, Apt. #, etc.<br>22 # 13<br>City & State<br>23 Naples FL<br>Zip<br>24 34110 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29<br>Country<br>30 |
|---|---|

9. Name and Address of Current Registered Agent  
HAINES, THOMAS B HAINES  
9220 BONITA BEACH ROAD  
SUITE 215  
BONITA SPRINGS FL 33923

|   |
|---|
| 10. Name and Address of New Registered Agent<br>81 Name<br>HAINES THOMAS B<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>14848 Old U.S. 41 # 13<br>83<br>84 City<br>Naples<br>85 Zip Code<br>FL 34110 |
|---|

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | CT                              |
| NAME                       | HAINES, THOMAS B                |
| STREET ADDRESS             | 9220 BONITA BEACH RD, SUITE 215 |
| CITY-ST-ZIP                | BONITA SPRINGS FL 33923         |
| TITLE                      | S                               |
| NAME                       | HAINES, RICHARD M               |
| STREET ADDRESS             | 1400 CAREW TOWER, 441 VINE ST   |
| CITY-ST-ZIP                | CINCINNATI OH 45202             |
| TITLE                      |                                 |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| 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   | CT                     |
| 1.2 NAME  | HAINES, THOMAS B       |
| 1.3 STREET ADDRESS                                    | 14848 Old U.S. 41 # 13 |
| 1.4 CITY-ST-ZIP                                       | Naples, FL 34110       |
| 2.1 TITLE   |                        |
| 2.2 NAME  |                        |
| 2.3 STREET ADDRESS                                    |                        |
| 2.4 CITY-ST-ZIP                                       |                        |
| 3.1 TITLE   |                        |
| 3.2 NAME  |                        |
| 3.3 STREET ADDRESS                                    |                        |
| 3.4 CITY-ST-ZIP                                       |                        |
| 4.1 TITLE   |                        |
| 4.2 NAME  |                        |
| 4.3 STREET ADDRESS                                    |                        |
| 4.4 CITY-ST-ZIP                                       |                        |
| 5.1 TITLE   |                        |
| 5.2 NAME  |                        |
| 5.3 STREET ADDRESS                                    |                        |
| 5.4 CITY-ST-ZIP                                       |                        |
| 6.1 TITLE   |                        |
| 6.2 NAME  |                        |
| 6.3 STREET ADDRESS                                    |                        |
| 6.4 CITY-ST-ZIP                                       |                        |

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (4/97)