FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

N.I.S.A., Principal Place 5537 SHELDON TAMPA FL 336	e of Business I RD. STE F	Mailing Address 5537 SHELDON RD. STE TAMPA FL 33615-3167	F				
US					3. Date Incorporated or Qualified	3a. Date of Las	
2 Principal P	lace of Business	2a. Mailing Address			08/01/1983 4. FEI Number	04/29/1996	Applied For
21	TOTAL STEED STRATES	26			59-2423988	 	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & Stat	6	City & State			6. Election Campaign Financing		00 May Be
23	-	28			Trust Fund Contribution		ed to Fees
Z _p	Country	Zφ	Country		8. This corporation has liability for		r s. 199.032,
24	25 9. Name and Address of Curre	29 29 Annietered Anent	30		Florida Statutes 10. Name and Address of New Re	Yes No	
CAD	RY, BRIAN		81	Name			
TAM	7 SHELDON RD, STE F IPA FL 33615 To the provisions of Sections 607.05 registered agent, or both, in the Sta	502 and 607.1508, Florida Stat te of Florida, Such change wa joations of Section 607.0505	82 83 84 utes, the above is authorized by	City	poration submits this statement for the ption's board of directors. I hereby acce	FL 85 Z	ip Code g its registered as registered
SIGNATURE	Signature, typed or printed name of registered a				Ired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	ORS IN 12
Tale	VP	, DELETE	1.1 TITLE			☐ Chanç	ge 🔲 Addition
NAME	GARRY PHYLLIS I. 5537 SHELDON RD, STE F		1.2 NAME				
STREET ADDRESS	TAMPA, FL 00000		1.3 STREET	1			ſ
C-TY - ST - ZiF*	IAMI A, I L COCCO	☐ OELETE	1.4 CITY-ST 2.1 TITLE	- ZIP		Chanc	ne 🔲 Addition
NAME		American Company	22 NAME	}			
STREET ADDRESS			23 STREET	address			
CITY - ST - Zi≥			2 4 CITY-S	T-ZiP			:
1.LT		☐ DELETÉ	3.1 TITLE			Chang	ge 🔲 Addition
NAME.			3.2 NAME	1			
STREET ADDRESS			3.3 STREET				
CHTY-S1-ZIP		DELETE	3.4. City-S	T-ZIP		Chang	e Addition
TIFLE		CO DECEIR	4.1 TITLE 4.2 NAME			C Cildill	in Thundings
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET	ADORESS			
CITY - ST - ZIP			4.4 CITY - ST	ŀ			
TITLE		DELETE	51 TITLE			☐ Chang	ge 🔲 Addition
NAME			5.2 NAME				
STREET ADORESS			5.3 STREET	ADDRESS			
C(1Y+\$1+20F			5.4 CITY-\$1	T-ZIP			
TITLE		DELETE	6.1 TITLE	T		Chang	ge 🔲 Addition
NAME			6.2 NAME	Ţ			
STREET ADDRESS			6.3 STREET				
CrTY - ST - 7IP			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 recover of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on any attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED MAINE OF SIGNING OFFICER ON DIRECTOR

4.26.97 813.884.2012

FILED

May 12 1997 8:00am

Secretary of State

0362697