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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J54815

(2)

NATIONAL ELECTRONIC MERCHANDISING SERVICE, INC.

	· · · · · · · · · · · · · · · · · · ·	THE OLIVERY			
Phnopal Place of Business 3071 LANDMARK BLVD. SUITE 1405 PALM HARBOR FL 34684		Mailing Address		a raanna eren anne eren reide reide tilt dille erfelt ereit dielt dil	/FI DIDII 1001
		3071 LANDMARK BLYD. Suite 1405 Palm Harbor Fl 34684			
				3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1987 03/07/1995	
2. Principal Pla	ice of Business	2a. Mailing Address 26		E0 0000057	plied For t Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 A	dditional
f1 City & State		City & State		6. Election Campaign Financing \$5.00	 -
3		28		6. Election Campaign Financing \$5.00 Trust Fund Contribution Added to	
Zp	Country	Zip	Country	This corporation has liability for integrible tax under s 19	
4	25	29	30	Florida Statutes Yes Y No	
	9. Name and Address of Cur	rent Registered Agent	04 1	10. Name and Address of New Registered Agent	
MOMANI	HE D DDIKE		81 Name		
	us, R. Bruce Rbrook blvd.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	FL 33540		83		
			84 City	■ 85 Zip C	ode
11 Duramant to	o the provision of Costinue COZO	500 and 607 4600 Ft. id. 00.4		ration submits this statement for the purpose of changing its regi	
familiar with	od agent, or both, in the State of F h, and accept the obligations of, S	ionida. Such change was author	ized by the corporation's boa	ration submits this statement for the purpose of changing its regi rd of directors. I hereby accept the appointment as registered ag	ent. I am
SIGNATURE	Skjiriature: tysied or printed name of registeron a	gent and trie if applicable (#	OTF: Registered Agent's gnature require	of when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
HILLE	PTS	DELETE	1 1 TITLE		Addition
NAME:	CALDER, ROBERT		1.2 NAME		
STREET ADDRESS	3071 LANDMARK BLVD #	1405	1.3 STHEET ADDRESS		
CIY-ŞI, ZP TILE	PALM HARBOR FL	ET DELCTE	1.4 CITY+S1-ZIP		
		☐ DELETE	2 1 TITLE	☐ Change	Addition
NAM: STREET ADDRESS			2 2 NAME		
CHY-S1-2IF			2.3 STREET ADDRESS		
THEF		☐ DELETE	2 4 C/TY - ST - Z/P 3 1 T/T/LF	☐ Change ☐	Addition
NAMe		tin.)	3.2 NAME		
STHEFT ADDRESS			3.3 STREET ADDRESS		
CH1+-S1-7IF			3 4 CITY - ST - ZIP		
101.F		☐ DELETE	4. 1 TITLE	☐ Change	Addition
NAME			42 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - S1 - ZIP			4.4 CITY - ST - ZIP		
In the		DELFTE	5 1 TITLE	Change [Addition
NAM(5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CHY ST-7P		☐ DE(FTE	5.4 C/TY - ST - Z/P 6.1 T/T/LE	П съ г	"] Add for
NAME		□ best if	6 2 NAME	Change [Add-tion
STREET ADDIRESS			63 STREFT ADDRESS		
Crity St. Zar			64 CITY-ST-ZIP		
14. Lao hereby	certify that the information supplie	ed with this filing is voluntarily fur	nished and does not qualify for	or the exemption stated in Section 119.07(3)(k), Florida Statutes.	I further
oath, that I	the information indicated on this a	nnual report or supplemental an reporation or the receiver or trust	nual report is true and accura ee empowered to execute thi	te and that my signature shall have the same legal effect as if mass report as required by Chapter 607, Florida Statutes; and that m	ado undos

SIGNATURE:

N.E. Calder

Robert & Calder

20 96 813-789-10