

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K22078 (5)

1. Corporation Name
NSDEC, INC.

Principal Place of Business

**C/O N. DECARTERET
2820 FOUNTAIN BLVD.
TAMPA FL 33609**

Mailing Address

**C/O N. DECARTERET
2820 FOUNTAIN BLVD.
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1988

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2892577

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 s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 C/O N. deCarteret

Suite, Apt. #, etc.

22 RR2 Box 2006

City & State

23 Shohola PA

Zip

24 18458

Country

25

2a. Mailing Address

26 C/O N deCarteret

Suite, Apt. #, etc.

27 Box 115

City & State

28 Shohola PA

Zip

29 18458

Country

30

9. Name and Address of Current Registered Agent

**DECARTERET, NORMAN
2820 FOUNTAIN BLVD.
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name

deCarteret, Norman

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

2401 W. Bayshore Blvd #806

83

84 City

Tampa

FL

85 Zip Code

33629

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

Signature of person making change (if not the registered agent, the registered agent's signature is required when reinstating)

Signature of Registered Agent (signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

DECARTERET, NORMAN S.

STREET ADDRESS

2820 FOUNTAIN BLVD

CITY - ST - ZIP

TAMPA FL

TITLE

PST

NAME

DECARTERET, NORMAN S.

STREET ADDRESS

2820 FOUNTAIN BLVD

CITY - ST - ZIP

TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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

☒ Change ☐ Addition

**RR2 Box 2006
Shohola PA 18458**

☒ Change ☐ Addition

**RR2 Box 2006
Shohola PA 18458**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 was an officer or director with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CR2E034 (3/95)