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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
~~910 S ORLEANS~~ ~~TAMPA FL 33609~~ US	~~BOX 115~~ ~~SHOHOLA PA 18458~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4602D North B St 22 Suite, Apt. #, etc 23 Tampa FL 24 Zip 33609 25 Country	2a. Mailing Address 26 4602D North B St 27 Suite, Apt. #, etc. 28 Tampa FL 29 Zip ~~33609~~ 30 Country ~~USA~~

3. Date Incorporated or Qualified
04/28/1988

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DECARTERET, NORMAN
2401 W BAYSHORE BLVD 806
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name Norman deCarteret
82 Street Address (P.O. Box Number is Not Acceptable) 4602D North B St
83
84 City Tampa FL 85 Zip Code 33609

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 _____ 4/13/98
Signature, typed or printed name of the director, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DECARTERET, NORMAN S. ~~RR2 BOX 2006~~ ~~SHOHOLA PA~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 4602D North B St Tampa FL 33609
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST DECARTERET, NORMAN S. ~~RR2 BOX 2006~~ ~~SHOHOLA PA~~	☐ DELETE STET (leave)	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

14. I 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: _____ Norman deCarteret 4/28/98 813 878 3998