## 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

## DOCUMENT # K41665

(6)

NATIONWIDE SOUTH, INC.

21	
2. Principal Place of Business   2a. Making Address   2b. Making Address   2c. Making Address	
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   59-280cd   No. Suite, Apt. #, etc.   Su	port
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   \$8.75 Fee#	plied For
City & State  Country  C	t Applicable
City & State    City & State   City	
Zip   Country   Zip   Country   St. This corporation has liability for injungible tax under: Florida Statutes   March   NEIGHBOR, DENNIS, C, SR   1099 49TH STREET SOUTH GULFPORT FL 33707   83   Street Address of New Registered Agent   10. Name and Address of	··
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  NEIGHBOR, DENNIS, C, SR 1099 49TH STREET SOUTH GULFPORT FL 33707  83  84 City  FL 85 Zip  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 office or registered agent or both, in the State of Florida Such change was authorized by the corporation's board of directors. I thereby accept the appointment a agent 1 am familiar with, and accept not both, girth the obligations of, Section 607 0505, Florida Statutes,  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. City  FL 85 Zip  83  84 City  FL 85 Zip  85 Zip  86 City  FL 86 Zip  87 Signature, for the purpose of changing of the purpose of changing of the corporation's board of directors. I thereby accept the appointment a agent agent agent or both, in the State of Florida Such change was authorized by the corporation's board of directors. I thereby accept the appointment agent ag	o Fees
9. Name and Address of Current Registered Agent  NEIGHBOR, DENNIS, C, SR 1099 49TH STREET SOUTH GULFPORT FL 33707  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84 City	199.032,
NEIGHBOR, DENNIS, C, SR 1099 49TH STREET SOUTH GULFPORT FL 33707  82   Street Address (P.O. Box Number is Not Acceptable)  83   City   FL   85   Zip  11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or graded name of registered agent and the it applicable   INOTE: Registered Agent signature required when reinstating)   DATE    12.	<del></del>
NEIGHBUR, DENNIS, C, SR  1099 49TH STREET SOUTH GULFPORT FL 33707  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip 85 Zip 86 City - Street Address (P.O. Box Number is Not Acceptable)  85 Zip 86 City - Street Address (P.O. Box Number is Not Acceptable)  86 Zirel Address (P.O. Box Number is Not Acceptable)  87 Zip 88 Zip 89 Zip 89 Zip 89 Zip 80 Z	
GULFPORT FL 33707  B3  City  FL 85  Zip  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 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 a agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment a agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change in the purpose of change agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment a agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change in purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment a agent 1 am familiar with agent 2 purposes.  INTEL STATE ADDRESS CITY-ST-ZIP  ITHE  DELETE 11 TITLE  DELETE 21 TITLE  Change  C	
B3   B4   City	
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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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  Signature, typed or probet hance of registered agent and the Flapplcable (NOTE Registered Agent signature required when reinstating)  OATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITILE  NEIGHBOR, DENNIS, C, SR  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  21 TITLE  DELETE  21 TITLE  DELETE  31 TITLE  Change  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31 TITLE  DELETE  31 TITLE  Change  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31 TITLE  DELETE  31 TITLE  DELETE  14 CITY-ST-ZIP  TITLE  DELETE  33 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  41 TITLE  DELETE  DELETE  14 CITY-ST-ZIP  TITLE  DELETE  15 TITLE  DELETE  Change  Change	Code
agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or preted heroic of registered agent and tire if applicable.  INOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  TITLE  DELETE  1.1 TITLE  NEIGHBOR, DENNIS, C, SR  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  JA CITY-ST-ZIP  TIT	s registered
Signature, typed or pented harme of registered agent and tree if applicable   INOTE Registered Agent signature required when reinstating)   DATE	registered
Signature, typed or pented harme of registered agent and tree if applicable   INOTE Registered Agent signature required when reinstating)   DATE	
DELETE	
NAME   NEIGHBOR, DENNIS, C, SR   1.2 NAME   1.3 STREET ADDRESS   1.2 NAME   1.3 STREET ADDRESS   1.4 City-St-Zip	S IN 12 Addition
1.3 STREET ADDRESS   1099 49TH ST. SOUTH   1.3 STREET ADDRESS   1.4 City-St-Zip	Addition
TITLE	
TITLE	
23 STREET ADDRESS   24 CITY-ST-ZIP   24 CITY-ST-ZIP   Change   C	Addition
CHY-SI-ZIP	
TITLE	
NAME	
STREET ADDRESS         3.3 STREET ADDRESS           CITY-SI-ZIP         3.4, CITY-ST-ZIP           TITLE         DELETE 1/2         4.1 TITLE         Change	Addition
CITY - ST - ZIP	
THLE DELETE 1/2 4.1 TITLE: Change	
	Addition
, <b>■</b> 1 1 1 1	
STREET ADDRESS 4.3 STREET ADDRESS	
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TITLE DELETE 5.1 TITLE Change	Addition
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STREET ADDRESS 5.3 STREET ADDRESS	
	Addition
TIPLE DELETE 6.1 TIPLE Change	Maniagu
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	
STREET ADDRESS  6.4 CITY - ST - ZIP  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 the	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 used in 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.	der oath; that ame

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**FILED** 

Feb 17 1997 8:00am

Secretary of State