

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K48573** (5)

1. Corporation Name

NIX COMMUNICATIONS GROUP, INC.



Principal Place of Business

**7015 BERACASA WAY
SUITE 104
BOCA RATON FL 33433**

Mailing Address

**7015 BERACASA WAY
SUITE 104
BOCA RATON FL 33433**

3. Date Incorporated or Qualified
12/01/1988

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0091120

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NIX, WILLIAM
3430 BLVD CHATELAINE
DELRAY BEACH FL 33433**

81 Name

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

83

84 City

FL

85

Zip Code
33445

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 individual or corporation of registered agent, if applicable

Signature of Registered Agent, if corporation or other entity

DATE

12. OFFICERS AND DIRECTORS

TITLE

PTO

☐ DELETE

NAME

**NIX, WILLIAM MAURICE
3430 BLVD. CHATELAINE
DELRAY BEACH FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

VSD

☐ DELETE

NAME

**NIX, DEBORAH T.
3430 BLVD. CHATELAINE
DELRAY BEACH FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

DELRAY BEACH FL 33445

2.1 TITLE

☐ Change

☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

DELRAY BEACH FL 33445

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 on an attachment with an address.

SIGNATURE:

WILLIAM NIX

5/24/96 (401) 333-5564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

City/State/Phone #

CR2E034 (12/95)