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Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90044 039 *****150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K69461**

1. Corporation Name
NSA POLYMERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O CHARLES EVANS
1000 SAND POND RD
LAKE MARY FL 32746
US

Mailing Address
C/O CHARLES EVANS
4260 E RAINES RD
MEMPHIS TN 38118
US

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Zip

3.	Date Incorporated or Qualified	02/27/1989
4.	FEI Number	62-1387101
5.	Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees
8.	This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	City
85	Zip Code

FL

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	D MARTIN, JAY
STREET ADDRESS	4260 E. RAINES RD.
CITY-ST-ZIP	MEMPHIS TN
TITLE	<input type="checkbox"/> DELETE
NAME	D SWORDS, L. F.
STREET ADDRESS	4260 E. RAINES RD.
CITY-ST-ZIP	MEMPHIS TN
TITLE	<input type="checkbox"/> DELETE
NAME	D POTEET, GEORGE
STREET ADDRESS	4260 E. RAINES RD.
CITY-ST-ZIP	MEMPHIS TN
TITLE	<input type="checkbox"/> DELETE
NAME	V EVANS, CHARLES R.
STREET ADDRESS	1000 SAND POND ROAD
CITY-ST-ZIP	LAKE MARY FL
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	D
CITY-ST-ZIP	D
TITLE	<input type="checkbox"/> DELETE
NAME	4260 E RAINES RD
STREET ADDRESS	MEMPHIS TN
CITY-ST-ZIP	D

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	02-27-1989
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ DATE: **1-13-99** DAYTIME PHONE #: **901-541-1223**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)