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 # K79485

(4)

NSYNC, INC.

Principal Place of	Business
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Mailing Address

FILED Jun 17 1997 8:00am Secretary of State



0000A BEACH	PAVE. • FL 8 2931	107 CLEVELAND AVE. COCOA BEACH FL 320314	1009					
	•				3. Date Incorporated or Qualified 04/12/1989	3a. Date of Last Re 08/06/1996	eport	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Ap	plied For		
21		26	26		59-299 0232	Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75	dditional	
22		27		5. Certificate of Status Desired Fee Required				
		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28	28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29			Florida Statutes 🔲 Yes 💢 No			
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
	HLE, MICHAEL		8	1 Name				
	OUNTRY CLUB ROAD		8	2 Street Ad	dress (P.O. Box Number is Not Acceptable	e)		
COC	COCOA BEACH FL 32953				Area and the man training to the recognition			
77. 7. 78.			8:	3				
F 75	i i i i i i i i i i i i i i i i i i i		8-	4 City		FL 85 Zip C	Code	
11. Pursuant to the provisions of Sections 607,0502 and 607,0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agin), or form, in the Start of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am Junitar with, and tudept the subject of Societion 607,0005, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tills of applicable (NOTE: Registered Agent signature required when reinstalling) DATE								
12.		AND DIRECTORS	13.	Seur Bibristine rod	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 12	
TITLE	PTD	DELETE	1.1 1(1)[8			Change	Addition	
NAME	MOEHLE, MICHAEL		1.2 NAME	:		•	[;	
STREET ADDRESS	65 COUNTRY CLUB ROAD			ET ADDRESS			[3	
CITY-ST-ZIP	COCOA BEACH FL		1.4 CHY-	}			13	
TITLE	VSD	DELETE	2.1 TIFLE			Change	Addition	
NAME	SHOOK, W. KEITH	-	2.2 NAM			_ *	_	
STREET ADDRESS	1525 POLARIS ST.			ET ÁDDRESS			j	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		2. 4 CITY					
TITLE		DELETE	3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAM					
STREET ADDRESS			3.3 SJRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY		•			
TITLE		DELETE	4.1 TITLE			Change	Addition	
NAME			4 2 NAM			•		
STREET ADDRESS				ET ADDRESS			ľ	
CITY-ST-ZIP			4.4 CITY					
TITLE		DELETE	5.1 TITLE			☐ Change	Addition	
NAME		Manual William 19	5.2 NAME)	ennonee 1			
STREET ADDRESS				ET ADDRESS	20000221 -06/18/970105	5006		
CITY-ST-ZIP			5.4 CITY		***165.00	riger test test test		
TITLE	<u> </u>	DELETE	6.1 TITLE		more a County County	Change	Addition	
NAME			62 NAM				77	
						3	ا بر ۱	
STREET ADDRESS				ET ADDRESS			1617	
CITY-ST-ZIP			6.4 CITY	ST-ZIP			0	

I do hereby certify that the information supplied with this filling 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