FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K88396

96 (2)

FILED
Mar 30 1998 8:00am
Secretary of State

		N SALES, INC	Martin Address			
P	rincipal Place	e of Business	Mailing Address	Mailing Address		
2547 SIGMA CT 1286 SOUTH EDGEWOOD AVE. ORANGE PARK FL 32073			2547 SIGMA CT 1286 SOUTH EDGEWOOD AVE. ORANGE PARK FL 32073			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/16/1989
2. Principal Place of Business 2a. Mailing			2a. Mailing Address	g Address		4. FEI Number Applied For
21]	26				59-2959877 Not Applicable
	Suite, Apt. (#, etc.	Suite, Apt. #, etc.	, Apt. #, etc.		5 Contificate of Status Desired \$8.75 Additional
22			27	·		Fee Required
23	City & State	9	City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Г	Zip	Country	Zip	Counti	у	8. This corporation owes or has paid the current year Intangible
24		25	29 3	o		Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
2547 SIGMA CT ORANGE PARK FL 32073					City	ddress (P.O. Box Number is Not Acceptable) FL 85 Zip Code
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.						
S	IGNATURE .					equired when reinstaling) DATE
12	Signature, typied or printed name of registered agent and title if applicable. (NOTE: Registe 12. OFFICERS AND DIRECTORS 13				jent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
-	ILE T	DP	DELETE	1.1 TITLE		Change Addition
	ME	O'STEEN, JOE	_	1.2 NAME	İ	— · —
	STREET ADDRESS 2547 SIGMAN CT			1.3 STREET ADDRESS		
CITY-ST-ZIP ORANGE PARK FL				1.4 CiTY - ST - ZiP		
_	TITLE ST		DELETE	DELETÉ 2.1 TITLE		Change Addition
	NAME O'STEEN, DIANE LOU			2.2 NAME		
		2547 SIGMA CT			T ADDRESS	
		ORANGE PARK FL		1		
CITY-S1-ZIP ORANGE PARK		OTVATOR PAIN IL	DELETE	2. 4 CITY 3.1 TITLE	-31-217	Change Addition
NAME			C) outile	3.2 NAME		_ Crange
1					T ADDRESS	
STREET ADDRESS				3.3 3 Inti	ו אטעאנאט	

64 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 irrustee 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 eddress.

4.1 TITLE 4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

43 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST- ZIP

4.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

SIGNATURE: USE D'STEEN

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

De Allen

3/25/98 (904)269-31/2

Change

Change

Change

Addition

Addition

■ Addition