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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

L4092

(7)

NANSUCO, INC.

VII II 10 0					
Principal Place of Business		Mailing Address		- I TO DESPET BIT DIBIT BRUSE SPILM TORS ASBI BIDIT DID	(1 0101) ĐịNH ĐIĐI ĐĐƠN (801
1203 SE 9TH TERRACE		1203 SE 9TH TERRACE DISMINIST		FACE OF STATES	
202		202		DO NOT WRITE IN THIS) CDACE
CAPE CORAL FL 33990-3051 US		CAPE CORAL FL 33990-3051 US		3. Date Incorporated or Qualified	SPACE
U0		us		· ·	
2. Principal P	Place of Business	2a. Mailing Address		12/29/1989 4. FEI Number	Applied For
21		26 P.O. BOX 150790		65-0169894	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		I	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 CAPE CORA	17-	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	B. This corporation owes or has paid the co	urrent year Intangible
24	25	29 55915-0790 30	USA		Yes ENo
	g, Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
SHAPIRO, SAMUEL 81 N			81 Name		
1820 SE 36 TERRACE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
CA	PE CORAL FL 33904				
			83		
			84 City		85 Zip Code
				FI	
				pration submits this statement for the purpose on's board of directors. I hereby accept the ap	
agent. La	m familiar with, and accept the obligat	tions of, Section 607.0505, Florida	Statutes.		
SIGNATURE			 		
12.	Signature, typed or printed name of registered agent OFFICERS AND		istered Agont signature required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D		1.1 TITLE	ADDITIONAL TO GITTOLING AND	Change Addition
NAME	SHAPIRO, SAMUEL	_	1.2 NAME		
STREET ADDRESS	1820 SE 36 TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP		
TITLE	Ď	☐ DELETE	21 TITLE	and the same of th	Change Addition
NAME	SHAPIRO, MAE		2.2 NAME		
STREET ADDRESS	1820 SE 36 TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		2. 4 CITY - ST - ZIP		
TITLE	D		3.1 TITLE		☐ Change ☐ Addition
NAME	PALUMBO, NANNETTE		3.2 NAME		
STREET ADORESS	1021 SW 37 STREET	[3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		3.4. CITY-ST-ZIP		
TITLE		DEFEAE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS		ľ	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		-	5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP		
TITLE		_	6.1 TITLE		L Change L Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this tiling 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 supplementation by the 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 of trusted 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 any of course.

....

/ SAMURU SHARRO

3hular

911-574-6622

FILED

May 12 1998 8:00am

Secretary of State