

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L43854** (3)

1. Corporation Name
NOSAC, INC.

Principal Place of Business
**3304 AVIATION BLVD
VERO BEACH FL 32900**

Mailing Address
**3304 AVIATION BLVD
VERO BEACH FL 32900**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/16/1990	3a. Date of Last Report 03/15/1994
4. FEI Number 65-0163502	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**BERRY, MICHAEL F.
1503 21ST ST
VERO BEACH FL 32900**

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. TITLE	☐ Change ☐ Addition	
NAME	12 NAME		
STREET ADDRESS	13 STREET ADDRESS		
CITY - ST - ZIP	14 CITY - ST - ZIP		
TITLE	21 TITLE	☐ Change ☐ Addition	
NAME	22 NAME		
STREET ADDRESS	23 STREET ADDRESS		
CITY - ST - ZIP	24 CITY - ST - ZIP		
TITLE	31 TITLE	☐ Change ☐ Addition	
NAME	32 NAME		
STREET ADDRESS	33 STREET ADDRESS		
CITY - ST - ZIP	34 CITY - ST - ZIP		
TITLE	41 TITLE	☐ Change ☐ Addition	
NAME	42 NAME		
STREET ADDRESS	43 STREET ADDRESS		
CITY - ST - ZIP	44 CITY - ST - ZIP		
TITLE	51 TITLE	☐ Change ☐ Addition	
NAME	52 NAME		
STREET ADDRESS	53 STREET ADDRESS		
CITY - ST - ZIP	54 CITY - ST - ZIP		
TITLE	61 TITLE	☐ Change ☐ Addition	
NAME	62 NAME		
STREET ADDRESS	63 STREET ADDRESS		
CITY - ST - ZIP	64 CITY - ST - ZIP		

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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, typed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4-18-95

407/567-2271

Date

Signature