

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L56545** (1)

1. Corporation Name

NANSEP CORPORATION



Principal Place of Business

**901 US HWY ONE
STE ONE
JUNO BEACH FL 33408
US**

Mailing Address

**901 US HWY ONE
STE ONE
JUNO BCH L 33408
US**

2. Principal Place of Business

21 13901 US HWY ONE

2a. Mailing Address

26 13901 US HWY ONE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

03/08/1990

3a. Date of Last Report

03/31/1995

4. FEI Number

65-0175207

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

9. Name and Address of Current Registered Agent

**O'HARA, PATRICK M.
324 DATURA STREET
SUITE 100
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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.

SIGNATURE

Signature typed or printed name of registered agent and the applicable

(the Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DVS** ☐ DELETE
NAME **SEPPALA, NANCY**
STREET ADDRESS **901 US HWY ONE STE ONE**
CITY-ST-ZIP **JUNO BEACH FL**

TITLE **DPT** ☐ DELETE
NAME **SEPPALA, MARTIN H.**
STREET ADDRESS **901 US HWY ONE STE ONE**
CITY-ST-ZIP **JUNO BEACH FL**

TITLE **V** ☐ DELETE
NAME **SARKELA, RODNEY**
STREET ADDRESS **901 US HWY ONE STE ONE**
CITY-ST-ZIP **LANTANA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS **13901 US HWY ONE STE ONE**
14 CITY-ST-ZIP **JUNO BEACH FL 33408**

21 TITLE
22 NAME
23 STREET ADDRESS **13901 US HWY ONE STE ONE**
24 CITY-ST-ZIP **JUNO BEACH FL 33408**

31 TITLE
32 NAME
33 STREET ADDRESS **13901 US HWY ONE STE ONE**
34 CITY-ST-ZIP **JUNO BEACH FL 33408**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-96

407-625-0508

Date

Daytime Phone #

CR2E034 (12/95)