

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

FILED
Feb 19 1997 8:00am
Secretary of State

DOCUMENT # L56545

(1)

1. Corporation Name
NANSEP CORPORATION



Principal Place of Business

13901 US HWY ONE
JUNO BEACH FL 33408
US

Mailing Address

13901 US HWY ONE
JUNO BCH L 33408-1613
US

3. Date Incorporated or Qualified
03/08/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 800 OCEAN DRIVE

Suite, Apt. #, etc.

22 STE PH2

City & State

23 JUNO BEACH FL

Zip

24 33408

Country

25 US

2a. Mailing Address

26 800 OCEAN DRIVE

Suite, Apt. #, etc.

27 STE PH2

City & State

28 JUNO BEACH FL

Zip

29 33408

Country

30 US

4. FET 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVS ☐ DELETE

NAME SEPPALA, NANCY
STREET ADDRESS 13901 US HWY ONE STE ONE
CITY-ST-ZIP JUNO BEACH FL

TITLE DPT ☐ DELETE

NAME SEPPALA, MARTIN H.
STREET ADDRESS 13901 UW HWY ONE STE ONE
CITY-ST-ZIP JUNO BEACH FL

TITLE V ☐ DELETE

NAME SARKELA, RODNEY
STREET ADDRESS 13901 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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

800 OCEAN DRIVE STE PH2
JUNO BEACH FL 33408

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

800 OCEAN DRIVE STE PH2
JUNO BEACH FL 33408

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

800 OCEAN DRIVE STE PH2
JUNO BEACH FL 33408

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E034 (9/96)

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 # L56545

(1)

1. Corporation Name
NANSEP CORPORATION



Principal Place of Business

13901 US HWY ONE
JUNO BEACH FL 33408
US

Mailing Address

13901 US HWY ONE
JUNO BCH L 33408-1613
US

3. Date Incorporated or Qualified
03/08/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 800 OCEAN DRIVE

2a. Mailing Address

26 800 OCEAN DRIVE

Suite, Apt. #, etc.

22 STE PH1

Suite, Apt. #, etc.

27 STE PH2

City & State

23 JUNO BEACH FL

City & State

28 JUNO BEACH FL

Zip

24 33408

Country

25 US

Zip

29 33408

Country

30 US

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVS
NAME SEPPALA, NANCY
STREET ADDRESS 13901 US HWY ONE STE ONE
CITY-ST-ZIP JUNO BEACH FL

☐ DELETE

TITLE DPT
NAME SEPPALA, MARTIN H.
STREET ADDRESS 13901 UW HWY ONE STE ONE
CITY-ST-ZIP JUNO BEACH FL

☐ DELETE

TITLE V
NAME SARKELA, RODNEY
STREET ADDRESS 13901 US HWY ONE STE ONE
CITY-ST-ZIP LANTANA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

800 OCEAN DRIVE STE PH2
JUNO BEACH FL 33408

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

800 OCEAN DRIVE STE PH2
JUNO BEACH FL 33408

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

800 OCEAN DRIVE STE PH2
JUNO BEACH FL 33408

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

CR2E034 (9/96)