FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY -1 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M97602** **(0)**

1. Corporation Name
N.S.I. INVESTMENTS, INC.

Principal Place of Business	Mailing Address
THE ATRIUM BUILDING 2420 ENTERPRISE RD. 204 SUITE 105 CLEARWATER FL 34623	THE ATRIUM BUILDING 2420 ENTERPRISE RD. 204 SUITE 105 CLEARWATER FL 34623

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/08/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2420 ENTERPRISE ROAD	26 2420 ENTERPRISE ROAD
Suite, Apt. #, etc. 22 SUITE 105	Suite, Apt. #, etc. 27 SUITE 105
City & State 23 CLEARWATER FL	City & State 28 CLEARWATER FL
Zip 24 34623 Country 25	Zip 29 34623 Country 30

4. FEI Number: 59-3030692 ☐ 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	10. Name and Address of New Registered Agent
POSTON, WILLIAM G C/O NSI MANAGEMENT INC 2420 ENTERPRISE RD STE 204 105 CLEARWATER FL 34623	81 Name: POSTON, WILLIAM G 82 Street Address (P.O. Box Number is Not Acceptable): c/o NSI MANAGEMENT INC 83 2420 ENTERPRISE ROAD SUITE 105 84 City: CLEARWATER FL 85 Zip Code: 34623

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	O'NEILL, PATRICK J.	1.2 NAME	
STREET ADDRESS	2420 ENTERPRISE RD. 204 105	1.3 STREET ADDRESS	2420 ENTERPRISE ROAD SUITE 105
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	600001472136
STREET ADDRESS		2.3 STREET ADDRESS	-05/03/95--01005--007
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: P. O'Neill PATRICK J. O'NEILL 4/10/95 313-534-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0370607 CP