

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 # M97602

(0)

1. Corporation Name

N.S.I. INVESTMENTS, INC.



Principal Place of Business

THE ATRIUM BUILDING  
2420 ENTERPRISE RD-105  
CLEARWATER FL 34623

Mailing Address

THE ATRIUM BUILDING  
2420 ENTERPRISE RD-105  
CLEARWATER FL 34623

2. Principal Place of Business

21 3040 GULF TO BAY BLVD

Suite, Apt. #, etc. #205

22 City & State  
23 CLEARWATER FL

24 Zip 34619 Country US

2a. Mailing Address

26 3040 GULF TO BAY BLVD

Suite, Apt. #, etc. #205

27 City & State  
28 CLEARWATER FL

29 Zip 34619 Country US

3. Date Incorporated or Qualified  
09/08/1988

3a. Date of Last Report  
05/01/1995

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

POSTON, WILLIAM G  
C/O NSI MANAGEMENT INC  
2420 ENTERPRISE RD STE 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 3040 GULF TO BAY BLVD. #205

84 City CLEARWATER

FL 85 Zip Code 34619

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

*William Poston*

(Print Name of Registered Agent) (Print Name of Registered Agent)

DATE

3/1/96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME O'NEILL, PATRICK J.  
STREET ADDRESS 2420 ENTERPRISE RD-105  
CITY-ST-ZIP CLEARWATER 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

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 3040 GULF TO BAY BLVD. #205  
13 STREET ADDRESS CLEARWATER FL 34619  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS

24 CITY-ST-ZIP ☐ Change ☐ Addition  
31 TITLE  
32 NAME

33 STREET ADDRESS ☐ Change ☐ Addition  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS

44 CITY-ST-ZIP ☐ Change ☐ Addition  
51 TITLE  
52 NAME

53 STREET ADDRESS ☐ Change ☐ Addition  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
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 in an attachment with an address.

SIGNATURE:

*P. O'Neill*

PATRICK J. O'NEILL

3/1/96

313-534-4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F