FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1998	DIVISION OF CO	ORPORATIONS	7	
	MENT # P34666 NDS INTERNATIONAL, INC.	6 (8)			BI (8)411 8(8) 8(8) 818) (186)
•					
,	ce of Business	Mailing Address			kir araté dibis Bibit gibit ibat
1810 S. LYNHURST Suite a		1810 S. LYNHURST Suite a			
INDIANAPOLIS IN 46241		INDIANAPOLIS IN 46241		DO NOT WRITE IN THIS	S SPACE
US		US		3, Date Incorporated or Qualified 07/16/1991	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	# Ale	[26]		35-1680615	Not Applicable
Suite, Apt	#, B(C	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State	······································	6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	7 _p	Country	Trust Fund Contribution	Added to Fees
24	25	- h - , - h-	30	 This corporation owes or has paid the of Personal Property Tax due June 30. 	urrent year Intangible
	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered	
JO	HNSON, TODD	· · · · · · · · · · · · · · · · · · ·	81 Name		
1810 S LYNHURST			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	NTE A		L.L		
IN	Dianpolis FL 46241		83		
			84 Cily	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Statules	s, the above-named corp	•	
office or r agent. I a	registered agent, or both, in the State of an familiar with, and account and form	of Horida, Such change was au lions of Section 607,0505, Flor	thorized by the corporal ida/Statules.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap-	ppointment as registered
SIGNATURE	1000	_ V	P		1/6/98
	Signature typed reproduct name of regarded agent		Registered Agent signature requi		ID DIDECTORS IN 10
12. TITLE	DCP	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME	SWANSON, BARBARA C.		1.2 NAME		
STREET ADDRESS	4 970 GORDON DR. スス1 (GULF SHORE BLUD	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102	·	1.4 CITY - ST - ZIP		
TITLE	D NAMEON MADY C	L. DELETE	2.1 TITLE		Change Addition
NAME	SWANSON, MARK C. 25116 N CAYUGA TRL		2.2 NAME		1
STREET ADDRESS CITY-ST-ZIP	LAKE BARRINGTON IL		2 3 STREET ADDRESS 2. 4 CITY - ST - ZIP		
TITLE	VP	DELETE	3.1 TITLE		Change Addition
NAME	JOHNSON, TODD		3.2 NAMF		
STREET ADDRESS	3811 NW 115TH TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	DELETE	3.4. CHY-ST-ZIP		Change Addition
TITLE NAME	WATERMAN, KIMBERLY S.		4 1 111LE 4. 2 NAME		L Change L Adortion
STREET ADDRESS	142 FOREST ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT IA		4.4 CiTY-ST-ZiP	·	
TITLE	***************************************	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY-ST-ZIP		DILETE	5.4 City - St - ZiP		Change Addition
TITLE NAME		门川保味	6.1 TITLE 62 NAME		C Change C Accition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. I hereby cortify 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 frue 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 furstee powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged from an accuracy that an accuracy is a second to the corporation of the corporation of the receiver or furstee.

317-2482666

FILED

Jun 01 1998 8:00am

Secretary of State