

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 # **P38713** (4)

1. Corporation Name
NST CORP. III



Principal Place of Business

**6015 PARDEE RD.
TAYLOR MI 48180**

Mailing Address

**6015 PARDEE RD.
TAYLOR MI 48180**

3. Date Incorporated or Qualified
05/05/1992

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

21 **7208 Sand Lake Road**

2a. Mailing Address

26 **7208 Sand Lake Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 206**

City & State

27 **Orlando Florida**

23 Zip Country

28 **32819 USA**

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. 199.03?
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROMLEY, RANDY
8230 AMBROSE COVE WAY
ORLANDO FL 32819**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
7208 Sand Lake Road; Suite 206

83

84 City
Orlando

FL

85 Zip Code
32819

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 **Randall E. Bromley - President**

Signature typed or printed name of registered agent (if different from above)

(If the Registered Agent signature is placed within this box)

4-45-96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **BROMLEY, RANDALL E.**
STREET ADDRESS **8230 AMBROSE COVE WAY**
CITY-ST-ZIP **ORLANDO FL 32819**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **7208 Sand Lake Road; Suite 206**
1.4 CITY-ST-ZIP **Orlando, Florida 32819**

TITLE **DT** ☐ DELETE
NAME **HOWELL, CRAIG**
STREET ADDRESS **25730 ARCADIA**
CITY-ST-ZIP **NOVI MI 48374**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **Randall E. Bromley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

(407) 351-8686

Daytime Phone #

CR2E034 (12/95)