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

May 05 1998 8:00am **PROFIT** ELOBIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name (4)NST CORP. III Mailing Address Principal Place of Business 6015 PARDEE RD. 7208 SAND LAKE ROAD TAYLOR MI 48180 SUITE 206 DO NOT WRITE IN THIS SPACE ORLANDO FL 32819 3. Date Incorporated or Qualified <u>05/05/1992</u> Applied For 2. Principal Place of Business 2a. Mailing Address 38-2782259 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite 202 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Zιρ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROMLEY, RANDY 7208 SAND LAKE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 206 83 ORLANDO FL 32819 R4 City 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 regis 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 registe 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 telle if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 THUE **BROMLEY, RANDALL E.** NAME 1.2 NAME 7208 SAND LAKE ROAD, SUITE 206 STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-7/P 1.4 CITY - \$1-7IP DEL ETE TITLE Ď۲ Change Addition 2.1 TITLE NAME HOWELL, CRAIG 2.2 NAME 25730 ARCADIA STREET ADDRESS 2.3 STREET ADDRESS **NOVI MI 48374** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE ☐ Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. I 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

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Block 12 or Block 13 if changed, or on an attachment with an address.

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