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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000022175 (2)

NTC INVESTORS' SERVICES, INC.

Mailing Address
1736 BUCKHORN PLACE ORLANDO FL 32825-8526

## FILED May 09 1997 8:00am Secretary of State



ORLANDO FL S	32925		ORLANDO FL 32825-8526								
								3. Date Incorporated or Qualified 04/01/1993	1	te of Last F 08/1996	Report
2. Principal Pl	lace of Busine	SS	2a. Mailing Ad	Idress				4. FEI Number			pplied For
21			26					59-3172764		N	lot Applicable
Sulte, Apt.	#, etc		Suite, Apt.	#, etc.				5. Certificate of Status Desired			Additional lequired
City & State	0		City & Stat	ie				6. Election Campaign Financing		\$5.00	) May Be
23			28					Trust Fund Contribution			to Føes
Zip		Country	Zip		Cou	intry		8. This corporation has liability for			s. 199.032,
24	2		29		30	,			Yes		······································
		nd Address of Curren	Registered Agen	ıt .		81	Ness	10. Name and Address of New R	egistered /	Agent	
	YSOCHOS,					61	Name				
	BUCKHOR				82 Street Add			dress (P.O. Box Number is Not Accepta	ble)		
ORL	ANDO FL 32	825									
						83					
						84	City			<b>85</b> Zip	Code
44 6		15	5	Contractor	· · · · · · · · · · · · · · · · · · ·				<u> </u>	<u></u>	<del></del>
office or re	egistered age	ns of Sections 607.050) nt, or both, in the State i, and accept the obliga	of Horida. Such ch	lange was	authorizo	d by	the corpor	rporation submits this statement for the ation's board of directors. I heroby acce	purpose of opt the app	changing ointment as	its registered s registered
SIGNATURE	Signature, typed o	printed name of registered agor	nt and title if applicable	(NO)	IL Registere	d Age	nt signature req	uired when reinstating)	DATE		
12.		OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	RS IN 12
TITLE	D			DELETE	1.1 ⊺	11L€				☐ Change	Addition
NAME		HOS, NICK			1.2 N	AME					
STREET ADDRESS		KHORN PLACE			135	TREFT	ADDRESS				
CITY-ST-ZIP	ORLANDO	FL 32825			1.4 0	ITY-S	T-ZIP				
TITLE			Ц	DELETE	211	T <b>L</b> .F				Change	Addition
NAME					2.2 N	AME					
STREET ADDRESS					2.3 S	TREET	ADDRESS				
CITY+ST-ZIP							31-2IP				
TATLE				DELETE	3.1 ]					Change	[_] Addition
NAME					3.2 N						
STREET ADDRESS					3.3 \$	THEET	ADDRESS				
CITY-ST-ZIP			<del></del>	DUETE			ST - ZIP			<u> </u>	T   X   200 - 1
TITLE			L	DELETE	4.17					Change	Addition
NAME					4.21						
STREET ADDRESS					1		ADDRESS				
CITY-ST-ZIP TITLE			————	DELETE	4.4 C 5.1 TI	(1Y-S	1- ZIP			Change	Addition
			ا	VELLIL	5.111 5.2 N		ļ			TT CHINAIRE	LT MOUNTH
NAME CYDEET ADODECC							ADDDLCC				
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP TITLE				DELETE	6.1 Fi	TY-S	1 - ZIF*	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
ì			L	DECEIL	6.2 N		\			change	L1 Vouiditi
NAME Proces apposes					1		MODECO				
STREET ADDRESS							ADORESS				
City-St-ZiP	ny certify that	the information cumpling	with this filing doc	ne not qual		ITY-S		ed in Section 119.07(3)(i), Florida Statut	ac I further	corlify the	l the
informatio I am an o	on indicated or fficer or direct	n this annual report or s	upplemental annua the receiver or trus	al report is stae empov	true and wered to	accu	irate and th	at my signature shall have the same leg ort as required by Chapter 607, Florida	al effect as	if made ui	nder oath; tha