

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

**FILED**

**Apr 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000028948**  
1. Corporation Name  
**NRS UNITED INC.**

Principal Place of Business: **1404 W. LANTANA ROAD, LANTANA, FL 33462**  
Mailing Address: **100 BANYAN LANE, ROYAL PALM BEACH, FL 33411**

21	2. Principal Place of Business	21	1404 W. LANTANA ROAD	26	2a. Mailing Address	26	100 BANYAN LANE
22	Suite, Apt. #, etc.	27		27	Suite, Apt. #, etc.	27	
23	City & State	23	LANTANA, FL	28	City & State	28	ROYAL PALM BEACH, FL
24	Zip	24	FL 33462	29	Zip	29	33411
25	Country	25	USA	30	Country	30	USA

3.	Date Incorporated or Qualified	05/01/93	3a.	Date of Last Report	
4.	FEI Number	59-3173291		Applied For	
				Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required	
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees	
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
**PARIKH, SHRIKANT K  
100 BANYAN LANE  
ROYAL PALM BEACH, FL 33411**

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	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 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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARIKH, SHRIKANT K</b>	1.2 NAME	
STREET ADDRESS	<b>100 BANYAN LANE,</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROYAL PALM BEACH, FL 33411</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARIKH, NANDA S.</b>	2.2 NAME	
STREET ADDRESS	<b>100 BANYAN LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROYAL PALM BEACH, FL 33411</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**200002143072**  
**-04/15/97--01009--010**  
**\*\*\*165.00**

14. I do 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 Block 12 or Block 13 if changed, in an attachment with an address.

SIGNATURE: **SHRIKANT K. PARIKH** **3/26/97** **561-547-3594**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)