

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Gandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -7 AM 10:48

DOCUMENT # P93000050410 (8)

1. Corporation Name
N.S.Z. GROUP, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 100 DAHLIA COURT, PONTE VEDRA BEACH FL 32082
Mailing Address: 100 DAHLIA COURT, PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified: 07/12/1993
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-3193608
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.
2a. Mailing Address: 26 Suite, Apt. #, etc.
22 City & State: 27 City & State
23 Zip: 28 Zip
24 County: 25 County
29 Zip: 30 County

9. Name and Address of Current Registered Agent
WALKER, JAMES V
4655 SALISBURY ROAD
SUITE 390
JACKSONVILLE FL 32256

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: _____ DATE: _____
Signature typed or printed name of registered agent (and this if applicable) NOTE: Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZECHELLA, A P
STREET ADDRESS	1301 SOUTH FIRST ST.
CITY - ST - ZIP	JACKSONVILLE BEACH FL 32250
TITLE	D
NAME	SERKIN, HOWARD C
STREET ADDRESS	717 SPINAKERS REACH ROAD
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082
TITLE	P
NAME	NICHOLS, ROGER C
STREET ADDRESS	100 DAHLIA CT
CITY - ST - ZIP	PONTE VERDE BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 and changed, or on an attachment with an address.

SIGNATURE: Roger C Nichols ROGER C NICHOLS 4/95 904-273-0621
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #