

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000051896 (7)

1. Corporation Name
N.S.I., INC.

Principal Place of Business

1820 BAY RD.
MIAMI BEACH FL 33139

Mailing Address

1820 BAY RD.
MIAMI BEACH FL 33139-1416

FILED
May 07 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified 07/23/1993
3a. Date of Last Report 05/01/1996

4. FEI Number 65-0425846
Applied For
Not Applicable

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.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

TEITELBAUM, GERALD CPA
% KRATISH AND TEITELBAUM, P.A.
1820 BAY ROAD
MIAMI BEACH FL 33139

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME JAFFE, JOSEPH
STREET ADDRESS 6550 ILEX CT
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE D
NAME KRUGMAN, MARTIN
STREET ADDRESS % PARK 80 WEST, PLAZA II
CITY-ST-ZIP SADDLEBROOK NJ 33139 ☐ DELETE

TITLE S
NAME INGERSOLL, LORI
STREET ADDRESS 6550 ILEX CT
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME JAFFE, JOSEPH
1.3 STREET ADDRESS 3869 HUELVA CT.
1.4 CITY-ST-ZIP NAPLES, FL 34109

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME JAFFE, LORI I.
2.3 STREET ADDRESS 3869 HUELVA CT.
2.4 CITY-ST-ZIP NAPLES, FL 34109

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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, or on an attachment with an address.

SIGNATURE

CR2E034 (9/96)