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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFARIMENT OF STATE Sandra B. Morthami Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # P93(000070717	(2)				
	NS, INC.						
Principal Place	of Business	Maling Address			I ION HEAD IN OUT OF THE AUGUST OF THE	ODIN DOM ORIN IRON	18 111 1886 1881 1881 1881
	SAT AVENUE VILLE FL 32205		1018 CASSAT AVENUE JACKSONVILLE FL 32205				
					3. Date Incorporated or Qualified 10/05/1993		ast Report 2 7/1995
_ '		2a. Mailing Address	Mailing Address		4. FEI Number		Applied For
26 Suite, Apt. #, etc.			Suite. Apt. #, etc		59-3206570		Not Applicable 3.75 Additional
22		27			5. Certificate of Status Desired		Fee Required
City & State		City & State	<u> </u>		Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ 29	Count	try	This corporation has liability for Florida Statutes	or intangible tax und es □No	ders 199.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New	Registered Agen	t
61166	DODEDT V		E	Mame			
DUSS, ROBERT V 112 WEST ADAMS STREET SUITE 1402			Ē	Street Ad	dress (^D .O. Box Number is Not Accept	able)	
			8	13			
	SONVILLE FL 32202		1				
VIVIOVITIEM I E VEEVE			3	84 City FL 85		Zip Code	
or registere familiar wit	of the provisions of Sections 607.0% ed agent, or both, in the State of Fic h, and accept the obligations of, Sc	orida. Such change was auth	orized by the co	a named corp rporation's bo	oration submits this statement for the part of directors. Thereby accept the ap	urpose of changing pointment as regis	j its registered office tered agent. I am
SIGNATURE	Signalize typed or protestinate of registerist agi	तर्वाचा (कि.संबाद) - व्हेंके	(NOTE Biographics A	jed sejestiži čejc	n i who recent string	CATE	
12.		NO DIRECTORS	13.		ADDITIONS/CHANGES TO O		
TITLE	D D	☐ DELETE	1 1 fift	i		Cna	ange
AAME KALANOSKI, GORGI STREET ADDRESS 2277 SEMINOLE RD.			1.2 NAM	ET ADDRESS			
CITY - ST - ZIP	ATLANTIC BEACH FL 32						
G11 - 31 - 21	A ILANIIU DEAUN EL 32	233					
TITLE	ATLANTIO BEAGN FL 32	233		- \$1 - ZiP	\	☐ Cna	ange 🔽 Addition
	ATLANTIC BEACH FL 32		1.4 CITY	- \$1 - Z/P	YARKA KALMUSSI	☐ Cha	ange 🙀 Addition
NAME	ATLANTIC BEACH PL 32		1 4 CITY 2 1 TITE 2 2 NAM	- \$1 - Z/P E	MATRA FALMOSKÍ 277 SEMINOCH KO	☐ Cna	ange 🜠 Addition
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certly that the information indicated or this annual report or supplicition at annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee emprovered 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 attribution with an address.

GNATURE:

**CONTROL **

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SIGNATURE: