FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073910 (0)

1. Corporate Name

N.J.S.S., INC.

Principal Place of Business:
1018 SHOREWINDS DRIVE
FORT PIERCE FL 34949

Mailing Address:
1018 SHOREWINDS DRIVE
FORT PIERCE FL 34949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1993
3a. Date of Last Report: 05/10/1994
4. FEI Number: 65-0442358 — 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 is eligible for exemption under S. 607.... Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business: 21, Suite, Apt. # etc. 22, City & State 23, Zip 24, Country 25

2a. Mailing Address: 26, Suite, Apt. # etc. 27, City & State 28, Zip 29, Country 30

9. Name and Address of Current Registered Agent

BERG, PAUL R ESQ
CLEM, POLACKWICH & VOCELLE
2770 INDIAN RIVER BLVD.
VERO BEACH FL 32960-4278

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERG, ELLIOTT
STREET ADDRESS	1018 SHOREWINDS DRIVE
CITY-ST-ZIP	FORT PIERCE FL 34949
TITLE	VD
NAME	BERG, JO-ANN
STREET ADDRESS	1018 SHOREWINDS DRIVE
CITY-ST-ZIP	FORT PIERCE FL 34949

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

☐ Change ☐ Addition (six blank entries: TITLE, NAME, STREET ADDRESS, 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)(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: Elliott Berg Elliott Berg 4/26/95 407-466-7173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0382504 CP