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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400005641 (3)

FILED Jan 16 1998 8:00am Secretary of State

1. Corporation			NTS, INC.	,00		0 T	. (0,	,					i 400/100/110 hann bibil bann bein be	 		Allin Dii	in a 2014 (1 04)	
											-							
Principal Place P.O. BOX 63 MARGATE F		Mailing Address P O BOX 93-4339 MARGATE FL 33093 US												,				
					US							-	DO NOT WRITE	IN THIS	SPAC	t		~ 1
												3	 Date Incorporated or Qualified 01/13/1994 					
2. Principal f	Place of Busi	ness			2a, Mailing Address							4	I. FEI Number			TAC	plied For	\dashv
21		26								65-0564397				t Applicable	,			
	Suite, Apt. #, etc.						Suite, Apt. #, etc.						Certificate of Status Desired				Additional	1
22 City & Sta	to				City P. Croto												quired	╛
23	to				City & State							6.	Freet Fund Contribution				May Be	
Zip	Country					[28] Co				Country			Trust Fund Contribution				o Fees	4
24	25							30	,			B.	 This corporation owes or has pai Personal Properly Tax due June 		Yes		angibie] No	-
	urrent F	Registered Agent							10. Name and Address of New Registered Agent						1			
	DLEY, JAM								81	Na	amo							1
72						82	Street Address			ss (P.O. Box Number is Not Acceptable)					\dashv			
SU																		
FI	LAUDERD	ALE	FL 33304						В3									7
									84	Cil	ly	-			85	Zip (Code	1
44 Purguant	to the provin	ione	of Continue CO	2 0000 ==		00 Fu	ordele Oten	445	<u> </u>	l				FL				
office or agent 1 a	registered aç am familiar w	jent, ith, a	or both, in the lacept the l	State of Obligatio	Florida. S ns of, Sec	uch ch	onda statu lange was 07.0505, Fi	authorize Iorida Sta	d by tutes	e-nar y the s.	corporati	oralic on's l	on submits this statement for the pr board of directors. I hereby accep	urpose of t the app	chan ointm	ging it: ent as	s registered registered	İ
SIGNATURE																		
12,	Signature, typed	or prin	tod name of register OF LICE RS				(NO)		d Age	ent sign	nature require		en reinstating)	DATE	6155			١į
TITLE	D		OFFICE	3 MALY E	int OTOI		DELETÉ	13. 1.1 TI	1(F				ADDITIONS/CHANGES TO OFFICE	EHS AND	DIRE	•	S IN 12 Addition	- 8
NAME	ROSCHMAN, JEFF							1.2 N								iango	L.J Addition	l:
STREET ADDRESS	STREET ADDRESS P.O. BOX 63-4339 N/A								1.3 STREET ADDRESS									18
CITY-ST-ZIP	MARGA"	TE F	L 3 3063-4339)						71.7(P								5
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NAME								2.2 N	AME									ĺ
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NAME								62 NA	ME									
STREET ADDRESS								6.3 ST	REELA	ADDRE	ss							
CITY-ST-ZIP								6.4 CH	TY-ST	T- <i>2</i> (P								l

14. Thereby 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 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 conversion 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 wan utan the property an address.

ONLATURE 1/8/66 Seu 675