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FILED

**Feb 14 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P94000022804 (6)

1. Corporation Name
NANSEP3 CORPORATION



Principal Place of Business

13901 US HWY ONE
SUITE ONE
JUNO BEACH FL 33408
US

Mailing Address

13901 US HWY ONE
SUITE 1
JUNO BEACH FL 33408-1612
US

3. Date Incorporated or Qualified
03/24/1994

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 **800 OCEAN DRIVE**

2a. Mailing Address

26 **800 OCEAN DRIVE**

4. FEI Number

65-0491993

Applied For
Not Applicable

Suite, Apt. #, etc.

22 **STE PH 1**

Suite, Apt. #, etc.

27 **STE PH 1**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 **JUNO BEACH FL**

City & State

28 **JUNO BEACH FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 **33408**

Country

25 **US**

Zip

29 **33408**

Country

30 **US**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'HARA, PATRICK M.
324 PATURA ST
SUITE 100
WEST PALM BEACH FL 33401**

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 in type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
NAME **SARKELA, RODNEY**
STREET ADDRESS **13901 US HWY ONE, SUITE ONE**
CITY-ST-ZIP **JUNO BEACH FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **800 OCEAN DRIVE STE PH 1**
1.4 CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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 in an attachment with an address.

SIGNATURE:

Rodney Sarkela
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)