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95 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000035397 (6)**

1. Corporation Name  
**THE NYS VIZ. INC.**

Principal Place of Business      Mailing Address  
**618 AVON ROAD                      618 AVON ROAD**  
**WEST PALM BEACH FL 33401      WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/11/1994**

4. FBI Number      Applied For  
**65-0500252**      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 § 199.037 Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

22      Suite, Apt. #, etc.      Suite, Apt. #, etc.

23      City & State      City & State

24      Zip      Country      29      Zip      Country      30

9. Name and Address of Current Registered Agent

**NYS, MARK T**  
**618 AVON ROAD**  
**WEST PALM BEACH FL 33401**

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 terminating)      (DATE)

12. OFFICERS AND DIRECTORS

TITLE      NAME      STREET ADDRESS      CITY, ST, ZIP

1. PRESIDENT  
MARK T. NYS  
618 AVON ROAD  
WEST PALM BEACH, FLORIDA 33401

TITLE      NAME      STREET ADDRESS      CITY, ST, ZIP

2. VICE-PRESIDENT  
ANGIE C. NYS  
618 AVON ROAD  
WEST PALM BEACH, FLORIDA 33401

TITLE      NAME      STREET ADDRESS      CITY, ST, ZIP

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TITLE      NAME      STREET ADDRESS      CITY, ST, ZIP

TITLE      NAME      STREET ADDRESS      CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE       Change       Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE       Change       Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE       Change       Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE       Change       Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE       Change       Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE       Change       Addition

62 NAME

63 STREET ADDRESS

64 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 111.07(3)(b), 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: **x MARK T. NYS**      *Mark T. Nys*      **x April 15, 1995**      **x (407) 833-2220**

(Signature, typed or printed name of officer or director)      (Typed Name)