FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000062496 (2)**

1. Corporation Name
NOSSORC, INC.

Principal Place of Business
3826 SUGAR LANE
SARASOTA FL 34235

Mailing Address
3826 SUGAR LANE
SARASOTA FL 34235

3. Date Incorporated or Qualified **08/19/1994**

3a. Date of Last Report **07/24/1995**

4. FEI Number **65-0519414** [ ] 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 has filed, for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [X] No

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

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

9. Name and Address of Current Registered Agent

CROSSON, RANDY
3826 SUGAR LANE
SARASOTA FL 34235

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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. The corporation agrees that it will comply with the laws of this state that are applicable to the performance of its duties. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	CROSSON, RANDY	
STREET ADDRESS	3826 SUGQAR LANE	
CITY, ST, ZIP	SARASOTA FL	
TITLE	VP	[ ] DELETE
NAME	CROSSON, LESSIE	
STREET ADDRESS	3826 SUGAR LANE	
CITY, ST, ZIP	SARSOTA FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	[ ] Change [ ] Addition
1 NAME	
1 STREET ADDRESS	
1 CITY, ST, ZIP	
2 TITLE	[ ] Change [ ] Addition
2 NAME	
2 STREET ADDRESS	
2 CITY, ST, ZIP	
3 TITLE	[ ] Change [ ] Addition
3 NAME	
3 STREET ADDRESS	
3 CITY, ST, ZIP	
4 TITLE	[ ] Change [ ] Addition
4 NAME	
4 STREET ADDRESS	
4 CITY, ST, ZIP	
5 TITLE	[ ] Change [ ] Addition
5 NAME	
5 STREET ADDRESS	
5 CITY, ST, ZIP	
6 TITLE	[ ] Change [ ] Addition
6 NAME	
6 STREET ADDRESS	
6 CITY, ST, ZIP	

CR2E034 (12/95)

14. I hereby certify that the information indicated on this report or supplemental 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 with an office held or title of trustee or receiver.

SIGNATURE: RANDY J CROSSON 4/4/96 (941) 954-4212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER