## 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

1. Corporation	on Name	000021964 (	8)		
N7S,	INC.			I COATLOST THE CONTROL CONTROL PORT	
Principal Plac	ce of Business	Mailing Address			
8258 NW 3 SUNRISE F		8258 NW 36 PL SUNRISE FL 33351			
2 Principal F	Place of Business			3. Date Incorporated or Qualified 03/17/1995	3a. Date of Last Report
21	IOCO OL DOSILIOSS	2a. Mailing Address		4. FET Number 65-056/008	Applied For
Suite, Apt.	. #, etc.	Suite, Apt. #, etc			
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stal	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	[30]	Florida Statutes 🔲 Yes	
	9. Name and Address of Co	urrent Registered Agent		10. Name and Address of New R	egistered Agent
STEEL	NIP		81 Name		
STEEL, NIR 8258 NW 36 PL				ddress (P.O. Box Number is Not Acceptable)	
SUNRISE FL 33351			83	00	
00/11111	DE 1 E 0001		63		
			84 Oity		85 Zip Code
11. Pursuant	to the provisions of Sections 607	0502 and 607.1508, Florida State	ites, the above named co-	poration submits this statement for the pur	FL  °   Zp code
or registe familiar w	red agent, or both, in the State of ith, and accept the obligations of	Florida, Such change was a ithor Section 607 0505, Florida Statute	ized by the corporation's t	poration submits this statement for the pur poard of directors. I hereby accept the appo	Dose of changing its registered office of the interest as registered agent. I am
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	The second secon	r <b>s</b> .		
40	Signature typed or protection and registerial		with the perfected Agreed segment we re-	pared when reasoning)	DATE
12.	PSTD OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
NAME	STEEL, NIR	DELETE	1 1 TIPLE		Change Addition
STREET ADDRESS	8258 NW 36 PL		1.2 NAME		
CITY - ST - ZIP	SUNRISE FL 33351		1.3 STREET ADDRESS		
Title		☐ DELETE	14 CITY - ST - ZIF 2 1 TITLE		
NAME			2 2 NAME		Criange Addition
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			2 4 CHY - ST - ZIP		
TITLE		☐ DELETE	3 1 Tifté		Change Addition
NAME			3.2 NAME		Country Middleton
STREET ADDRESS			3.3 STREE! ADDRESS		
CITY-ST-ZIP			3.4 CITY - \$1 - 719		
TITLE		☐ DELETE	4 1 TiTLE		Change Addition
NAME STREET ADDRESS			4.2 NAME		
			4.3 STREET ADDRESS		
CITY - S1 - ZIP TITLE			4.4 CITY - ST - ZIP		
NAME		DELETE	5 1 DEE		Change Addition
STREET ADDRESS			5.2 NAME		
CITY-SI-ZIF			5.3 STREET ADDRESS		
TITLE		DELETE	6 1 TITLE		Change College
NAME		leaned •	6 2 NAMC		☐ Change ☐ Addition }
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - 7IP			o o o o o o o o o o o o o o o o o o o		

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)(k). 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Displace Phone A