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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000021964 (8)

N7S, INC.

Principal Place of Busin

FILED May 09 1997 8:00am Secretary of State



Timolpai tilloc of Business	Maining Madress						
9858 NW 36 PL SUNRISE FL 83351	6256 NW 36 PL - SUNRISE PL 33351-6730						
				3. Date Incorporated or Qualified 03/17/1995	3a. Date of Last 08/09/1996	Date of Last Report 08/09/1996	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 65-0561008	h	Applied For	
21 3474 N. UNIVERSITY DEL		0		05 050 1006	¢0.7F	Not Applicable Additional	
22 JUNE 543		AME	-	Certificate of Status Desired	1 1 7 7	Required	
City & 8/310 23 SunRISE, FL.	City & State			6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees	
Zip 3335/ Country 25	Ζφ 3	Country	<i>'</i>	8. This corporation has liability for in Fforida Statutes	intangible tax under Yes X No	rs. 199.032,	
9. Name and Address of Curre		101		10. Name and Address of New Reg			
STEEL, NIR	***	81	Name /	IR STELL			
8258 NW 30 PL	>	82	Street Addre	ess (P.O. Hox Number is Not Accept to	(e)		
SUNRISE FL 33351		83	34	H. W. U. WIVERSITY D	KIUE		
				Ju116543			
		84	City Ju	VRISE	FL 85 Zi	p Code 33.35/	
11. Pursuant to the provisions of Sections 607.08	502 and 607,1508, Florida Statutes	the above	e-named corpo	oration submits this statement for the p	urpose of changing	its registered	
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli	le of Horida. Such change was au igations of Section 697.0505, Flori	thorized by ida Statute	y the corporations.	on's board of directors. I hereby accep	it the appointment a	as registered	
SIGNATURE				4)	19/97		
Signature, typed or printed name of registered a 12. OFFICERS A	ngent and title if applicable. (NOTE F ND DIRECTORS	Registered Age	ent signature require	d when reinstating)	ERS AND DIRECTO	DEC IN 12	
TIRLE PSTD	DELETE	1.1 TITLE	6	PISITID	Change		
NAME STEEL, NIR		1.2 NAME	,	STEEC. NIR			
STREET ADDRESS 8250 NW 36 PL	7	1.8 \$TREET	ADDRESS 3	STEEL, NIR 1944 N. UNIVERSITY DR UNRISE, FL. 33331	:IVE /SUITE	2543	
CITY-ST-ZIP SUNRISE FL 33351		1.4 City - 9	ST- ZIP	UNRISE, FL. 33351	, , , , , , , , , , , , , , , , , , ,		
TITLE	☐ DELETE	2.1 TITLE		,	Change	e Addition	
NAME		2 2 NAME					
STREET ADDRESS		2 3 \$1REE1					
CITY-ST-ZIP	☐ DELFTE	2 4 CITY- 3.1 TITLE	SI · ZIP		☐ Change	e Addition	
NAME		3.2 NAME			E.J Shongs		
STREET ADDRESS		3 3 STREET	ADDRESS				
CITY-ST-ZIP		3 4. CITY-					
TITLE	☐ DELETE	4.1 TITLE			Change	e Addition	
NAME		4. 2 NAME					
STREET ADDRESS		4.8 \$1REE1					
CITY-ST-ZIP	T DECETE	4 4 C/TY - 9	51 - 7(P			e Addition	
TITLE	DELETE	5.1 TITLE			Change	e L Addition	
NAME Street address		5.2 NAME	ADODECC				
CITY-ST-ZIP		5.8 STREET 5.4 CHTY - S	1				
TITLE	☐ DELETE	61 TITLE	91 - ZIT		☐ Change	e Addition	
NAME	·	6.2 NAME					
STREET ADDRESS		6 8 STREET	ADDRESS				
City-St-ZiP		6.4 CITY - 5					
	were remarked to remark the control of the control			1- C11 440 07(0)() - 51110-1-1	1.6 (1) (16 (1	-1.41 -	

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 logal 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 13 if changed, or on an attachment with an address.

951. 71- 9001