

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 # P95000023635 (2)

1. Corporation Name

NSAN, INC.



Principal Place of Business

1200 WEST S.R. 434
STE. 300
LONGWOOD FL 32750

Mailing Address

1200 WEST S.R. 434
STE. 300
LONGWOOD FL 32750

2. Principal Place of Business

21 1200 WSR 434

Suite, Apt., etc.

22 Suite 212

City & State

23 Longwood, FL

Zip

24 32750

Country

25 USA

2a. Mailing Address

26 1200 WSR 434

Suite, Apt., etc.

27 Suite 212

City & State

28 Longwood, FL

Zip

29 32750

Country

30 USA

3. Date Incorporated or Qualified

03/23/1995

3a. Date of Last Report

4. FEI Number

59-3304810

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

TEDDER, BLAKE, NEWBOLD & BERENDS
1200 WEST S.R. 434
STE. 202
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

B1 Name

Donna Woodruff

B2 Street Address (P.O. Box Number is Not Acceptable)

1200 West State Road 434

B3 Suite

Suite 212

B4 City

Longwood

FL

B5 Zip Code

32750

11. Pursuant to the provisions of Sections 607.05(2) 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 607.0509, Florida Statutes.

SIGNATURE

Signature type for printed name of registered agent and fee is required.

Signature type for printed name of registered agent and fee is required.

DATE

4/12/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SGARLATA, JOSEPH
STREET ADDRESS 1200 WEST S.R. 434, STE. 300
CITY-STATE-ZIP LONGWOOD FL 32750

☐ DELETE

TITLE D
NAME TEDDER, DAVID H
STREET ADDRESS 1200 WEST S.R. 434, STE. 300
CITY-STATE-ZIP LONGWOOD FL 32750

☐ DELETE

TITLE VP
NAME MERENDA, ANTHONY L
STREET ADDRESS 1200 WEST S.R. 434, STE. 300
CITY-STATE-ZIP LONGWOOD FL 32750

☒ DELETE

TITLE ST
NAME WOODRUFF, DONNA L
STREET ADDRESS 1200 WEST S.R. 434, STE. 300
CITY-STATE-ZIP LONGWOOD FL 32750

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

407 260 6674

CR2E034 (12/95)