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FILED

Jun 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
SUITE 212  
LONGWOOD FL 32750  
US

Mailing Address

1200 WEST S.R. 434  
SUITE 212  
LONGWOOD FL 32750-4957  
US

2. Principal Place of Business

21 407 Wekiva Springs Road

Suite, Apt. #, etc.

22 Suite 245

City & State

23 Longwood, FL

Zip

24 32779

Country

25 USA

2a. Mailing Address

26 407 Wekiva Springs Road

Suite, Apt. #, etc.

27 Suite 245

City & State

28 Longwood, FL

Zip

29 32779

Country

30 USA

3. Date Incorporated or Qualified

03/23/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3304810

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 liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WOODRUFF, DONNA  
1200 WEST STATE ROAD 434  
SUITE 212  
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

Albert Clancy

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

407 Wekiva Springs Rd

83 Suite

245

84 City

Longwood

FL

85 Zip Code

32779

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 reinstating)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD  
SGARLATA, JOSEPH  
1200 WEST S.R. 434, STE. 300  
LONGWOOD FL 32750

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
TEDDER, DAVID H  
1200 WEST S.R. 434, STE. 300  
LONGWOOD FL 32750

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

407 Wekiva Springs Rd Suite 245  
Longwood, FL 32779

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

407 Wekiva Springs Rd Suite 245  
Longwood, FL 32779

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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

4/30/97

CR2E034 (9/96)