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Apr 29 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 # P95000036083 (0)

1. Corporation Name  
NNS ENTERPRISES, INC.

Principal Place of Business  
280 C.R. 427 SOUTH STE 212  
LONGWOOD FL 32730

Mailing Address  
280 C.R. 427 SOUTH STE 212  
LONGWOOD FL 32750-5468



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/04/1995		3a. Date of Last Report 07/30/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3317161		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent NULPH, GREGORY L 4008 W MARYLAND PLACE CASSELBERRY FL 32707				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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	
12. OFFICERS AND DIRECTORS							
TITLE	D	DELETE					
NAME	NULPH, DAYNE A						
STREET ADDRESS	1118 WOLVERINE TRAIL						
CITY-ST-ZIP	WINTER SPRINGS FL 32773						
TITLE	D	DELETE					
NAME	DALY, JAMES S						
STREET ADDRESS	804 OSPREY NEST PT.						
CITY-ST-ZIP	SANFORD FL 32773						
TITLE	D	DELETE					
NAME	INGRAM, CHRISTOPHER						
STREET ADDRESS	413 S EDMON AVENUE						
CITY-ST-ZIP	WINTER SPRINGS FL 32708						
TITLE	D	DELETE					
NAME	NULPH, GREGORY L						
STREET ADDRESS	4008 W. MARYLAND PLACE						
CITY-ST-ZIP	CASSELBERRY FL 32707						
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							
1.1 TITLE		Change Addition					
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY-ST-ZIP							
2.1 TITLE		Change Addition					
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
3.1 TITLE		Change Addition					
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
4.1 TITLE		Change Addition					
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP							
5.1 TITLE		Change Addition					
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE		Change Addition					
6.2 NAME							
6.3 STREET ADDRESS							
6.4 CITY-ST-ZIP							

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: *Gregory L. Nulph* 4/21/97 407-831-0323

CR2E034 (9/96)