

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

FILED
Apr 27 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 32750 | Mailing Address 280 C.R. 427 SOUTH STE 212 LONGWOOD FL 32750 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|----------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 [] Suite, Apt. #, etc. | 26 [] Suite, Apt. #, etc. |
| 22 [] City & State | 27 [] City & State |
| 23 [] Zip | 28 [] Zip |
| 24 [] Country | 29 [] Country |
| 25 [] | 30 [] |

| | |
|--|--|
| 3. Date Incorporated or Qualified 05/04/1995 | |
| 4. FEI Number 59-3317161 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" 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 | 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: Gregory L. Nulph Sec/Treas. DATE: 4/20/98

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | NULPH, DAYNE A | |
| STREET ADDRESS | 1118 WOLVERINE TRAIL | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32773 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DALY, JAMES S | |
| STREET ADDRESS | 804 OSPREY NEST PT. | |
| CITY-ST-ZIP | SANFORD FL 32773 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | INGRAM, CHRISTOPHER | |
| STREET ADDRESS | 413 S EDMON AVENUE | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | NULPH, GREGORY L | |
| STREET ADDRESS | 4008 W. MARYLAND PLACE | |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I 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 DATE: 4/20/98 407-831-0323

CR2E034 (10/97)