FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048335

1. Corporation Name

NCK INVESTORS, INC

Principal Place of Business / Mailing Address

P.O. BOX 25183
SARASOTA, FL 34277

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 6/14/95
3a. Date of Last Report: N/A
4. FEI Number: 59-3325363 ( ) 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 (X) No

9. Name and Address of Current Registered Agent

STEPHEN KEYSER
1515 RINGLING BLVD
SUITE 1000
SARASOTA, FL 34236

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	11 TITLE PRESIDENT ( ) Change (X) Addition 12 NAME MONICA SELES 13 STREET ADDRESS 2895 DICK WILSON DR 14 CITY - ST - ZIP P.O.BOX 25183, SARASOTA, FL 34277
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	21 TITLE SECRETARY ( ) Change (X) Addition 22 NAME MONICA SELES 23 STREET ADDRESS 2895 DICK WILSON DR 24 CITY - ST - ZIP P.O. BOX 25183 SARASOTA FL 34277
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	31 TITLE TREASURER ( ) Change (X) Addition 32 NAME MONICA SELES 33 STREET ADDRESS 2895 DICK WILSON DR 34 CITY - ST - ZIP P.O. BOX 25183 SARASOTA, FL 34277
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	41 TITLE VICE PRESIDENT ( ) Change (X) Addition 42 NAME ANTHONY DECELLO 43 STREET ADDRESS ONE ERIEVIEW PLAZA #1300 CLEVELAND OH 44114 44 CITY - ST - ZIP
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	51 TITLE ( ) Change ( ) Addition 52 NAME 53 STREET ADDRESS 100001882851 54 CITY - ST - ZIP -07/03/96--01022--043
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	61 TITLE ***200.00 ( ) Change ( ) Addition 62 NAME 63 STREET ADDRESS 64 CITY - ST - 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: Anthony Decello 4/30/96 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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