SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088233 (8)

three for the first transfer of transfer of transfer of transfer of transfer of transfer

97 SEP 30 PH 12: 03

SECRETARY OF STATE FALL AMASOED FLORIDA

1. Corporation NDS & A	ASSOCIATES, INC.	700000200	, (0)			IALLA?			
Principal Place of Business Mailing Address							1141 00101 10101 11		
1524 SEAGULL STE. 105 PALM HARBOR US			P. O. BOX 337 N/A PALM HARBOR FL 34682-0337 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report			
						11/16/1995	08/1	2/1996_	
	ace of Business	h1	2a. Mailing Address			4. FEI Number	•	_ 	plied For
Suite, Apt.	# ata	26	Suite, Apt. #, etc.			65-0619189		\$8.75 A	t Applicable
22 Suite, Apr.	W, BIG.	J	27			5. Certificate of Status Desired		Fee Re	
City & State	9		City & State			6. Election Campaign Financing	,	\$5.00	·
23		28	28			Trust Fund Contribution Added to Fees			
Zip	· · · · · · · · · · · · · · · · · · ·		Zip Co			8. This corporation owes or has paid the current year Intangible			
24	25	29		30		Personal Property Tax due June 30. Yes No] No
	9, Name and Address of		<u>t</u>	81	Name	10. Name and Address of New R	agistered Ag	jent	
CORPORATION SERVICE COMPANY				61	Name				
	1 HAYS STREET			82	Street Add	drass (P.O. Box Number is Not Acceptable)			
IALI	LAHASSEE FL 32301-2525	•							
				63				,	
				84	City		FL	85 Zip (Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the m familiar with, and accept the	e State of Florida. Such ch a obligations of, Section 6	ange was au 07.0505, Flori	ithorized by ida Statutes	the corpora s.	poration submits this statement for the alion's board of directors. I hereby acce	ept the appoi	hanging it ntment as	s registered registered
12.	Signature, typed or printed name of regis OFFICE	RS AND DIRECTORS	(NOI)	13.	ni signature requ	ared when reinstating) ADDITIONS/CHANGES TO OFFI	DATE ICERS AND D	DIRECTOR	IS IN 12
TITLE	VPD DELETE			1.1 TiTLE		1.000002	2101	i Chang:	Addition
NAME				1.2 NAME		100002: -10/02	79701	112	010 🗀
STREET ADDRESS	455 ALTERNATE HWY 1	9 #120	1.3 STREET ADDRESS		ADDRESS	*************************************	35.00	****1	65.00
CITY-ST-ZIP PALM HARBOR FL				1.4 CBY-ST-ZIP					
TITLE	DP DETER			21101LE			L	Change	☐ Addition
NAME				2.2 NAME					
STREET ADDRESS 1524 SEAGULL DRIVE, #105				2.3 STREET ADDRESS					İ
CITY-ST-ZIP	PALM HARBOR FL		DELETE	2. 4 CITY - 5 3.1 TITLE	ST - ZIP			Change	Addition
TITLE			DITTE	3.2 NAME					
NAME Street address	s l			3.3 STREET ADDRESS					
CITY-ST-ZIP				3.4. CITY- S					
TITLE	DELETE			4.1 11TLE			L.	Change	Addition
NAME				4. 2 NAME				-	
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY-S	T-ZIP				
TITLE		Ė	DELETE	5.1 TITLE			Ľ	Change	☐ Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREFT	ADDRESS				
CITY-ST-ZIP			<u>-</u>	5.4 CITY-S	T-7IP		-	-	
TITLE			DEL FTE	6.1 TITLE			$^{-}$	Change	Addition
NAME				6.2 NAME		ω_{\checkmark}	J		1
STREET ADDRESS			6.3 STREET	ADDRESS	()	1			
CITY-ST-ZIP				6.4 CITY - S	1-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 treative 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 altectiment with an address.

.



Post Office Box 337
Palm Harbor, FL. 34682 U.S.A
Telephone (813) 939-9604
Facsimile (813) 787-7104
U.S. Mobile (813) 709-5718
E-Mail: sc4nds@ix.netcom.com

18 September 1997

Florida Department of State Division of Corporations Annual Report Section PO Box 6327 Tallahassee, FL. 32314

RE: Annual Filing Fee

Dear Sirs,

Please be advised that NDS & Associates, Inc. is in receipt of your "2nd Notice" for the filing of annual report fees without having ever received a 1st notice from your office. A telephone call to your office brought about quick resolution to this matter as we were instructed to write this letter and enclose within a check for the appropriate fee of \$165.00.

Thank you for your timely attention to this matter.

Respectfully,

Steve Cortez Vice President