

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

FILED
Jun 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000023726 (8)**

1. Corporation Name
NEXSTORE 2, INC.

Principal Place of Business
**2255 GLADES RD., SUITE 219A
BOCA RATON FL 33431**

Mailing Address
**2255 GLADES RD. SUITE 219A
BOCA RATON FL 33431**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2255 GLADES RD	26 2255 GLADES RD
22 SUITE 219A	27 SUITE 219A
23 BOCA RATON, FL	28 BOCA RATON, FL
24 33431	29 33431
25 USA	30 USA

3. Date Incorporated or Qualified 03/13/1996
4. FEI Number 65-0786720 APPLIED FOR
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 type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KNIGHT, WILLIAM L 2255 GLADES RD. SUITE 219A BOCA RATON FL 33431	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DIRECTOR, CHAIRMAN, PRESIDENT
NAME	KNIGHT, WILLIAM L	1.2 NAME	10/20
STREET ADDRESS	2255 GLADES ROAD STE 219A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	BERKLEM, RONALD	2.2 NAME	
STREET ADDRESS	2255 GLADES RD., STE. 219A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Vice President
NAME		4.2 NAME	MARK SCHREIBER
STREET ADDRESS		4.3 STREET ADDRESS	2255 GLADES RD., SUITE 219A
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

William L. Knight

William L. Knight

2/1/98

2/1/98

CR2E034 (10/97)