


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

FILED

May 13 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 # P96000040528 (7)					
1. Corporation Name N.T. ENTERPRISE GROUP INC.					
Principal Place of Business 19651 BRUCE B. DOWNS BLVD. STE E6-6 TAMPA FL 33647			Mailing Address 19651 BRUCE B. DOWNS BLVD. STE E6-6 TAMPA FL 33647-2445		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1996	
21 19601 BRUCE B. DOWNS BLVD.		26 19601 BRUCE B. DOWNS BLVD.		3a. Date of Last Report 05/13/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-3381704	
23 TAMPA, FLORIDA		28 TAMPA, FLORIDA		Applied For <input type="checkbox"/> Not Applicable	
24 33647		25 U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 U.S.A.		27 U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 U.S.A.		29 U.S.A.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
30 U.S.A.		31 U.S.A.		9. Name and Address of Current Registered Agent KIN, EDWARD 19651 BRUCE B. DOWNS BLVD. STE E6-6 TAMPA FL 33647	
32 U.S.A.		33 U.S.A.		10. Name and Address of New Registered Agent	
34 U.S.A.		35 U.S.A.		81 Name	
36 U.S.A.		37 U.S.A.		82 Street Address (P.O. Box Number is Not Acceptable)	
38 U.S.A.		39 U.S.A.		83	
40 U.S.A.		41 U.S.A.		84 City	
42 U.S.A.		43 U.S.A.		85 Zip Code	
44 U.S.A.		45 U.S.A.		FL	
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					
1.1 TITLE <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> ADDITION					
1.2 NAME WILLIAM HARRIS					
1.3 STREET ADDRESS 4217 W. SYLVAN RANBLE ST.					
1.4 CITY-ST-ZIP TAMPA, FLORIDA 33609					
2.1 TITLE <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> ADDITION					
2.2 NAME EDWARD KIN					
2.3 STREET ADDRESS 9321 FAIRWAY LAKES CT.					
2.4 CITY-ST-ZIP TAMPA, FLORIDA 33647					
3.1 TITLE <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> ADDITION					
3.2 NAME TREASURER					
3.3 STREET ADDRESS HENRY BRUSCINO JR.					
3.4 CITY-ST-ZIP 15350 AMBERLY DR. #614					
3.5 CITY-ST-ZIP TAMPA, FLORIDA 33647					
4.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> ADDITION					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> ADDITION					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> 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: Henry Bruscano Jr. 4/30/97 813-991-4321					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)