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FILED  
Feb 25 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
19601 BRUCE B DOWNS BLVD  
TAMPA FL 33647  
US

Mailing Address  
19651 BRUCE B. DOWNS BLVD. STE E6-6  
TAMPA FL 33647



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt #, etc		26 19601 BRUCE B. DOWNS BLVD.		05/13/1996	
22 City & State		27 Suite, Apt #, etc		4. FEI Number	
23 Zip		28 TAMPA, FLORIDA		59-3381704	
24 Country		29 33647		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KIN, EDWARD		81 Name	
19651 BRUCE B. DOWNS BLVD. STE E6-6		82 Street Address (P.O. Box Number is Not Acceptable)	
TAMPA FL 33647		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	HARRIS, WILLIAM	1.2 NAME	
STREET ADDRESS	4217 W SYLVAN RAMBLE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	KIN, EDWARD	2.2 NAME	
STREET ADDRESS	9321 FAIRWAY LAKES CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	TREASURER
NAME	BRUSCINO, HENRY JR	3.2 NAME	BRUSCINO, HENRY, JR.
STREET ADDRESS	15350 AMBERLY DR. #814	3.3 STREET ADDRESS	19409 VIA DEL MAR #303
CITY-ST-ZIP	TAMPA FL 33647	3.4 CITY-ST-ZIP	TAMPA, FLORIDA 33647
TITLE		4.1 TITLE	VICE-PRESIDENT
NAME		4.2 NAME	KELLY, ROBERT A.
STREET ADDRESS		4.3 STREET ADDRESS	18505 PUTTERS PLACE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA, FLORIDA 33647
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: *Henry Bruscano Jr.* HENRY BRUSCINO JR. 2/10/98 813-991-4321

CR2E034 (10/97)