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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000073623 (6)

| NISSIM                             | OS, INC.   |  |  |  |                                   |
|------------------------------------|--|--|--|--|-----------------------------------|
| Principal Plac                     | e of Business  | Mailing Address  |  |  | 1888 LINER SALLER AIREN 1110 1881 |
| 8445 INTL DR                       |  |  |  | DO NOT WRITE IN THIS   | S SPACE                           |
| US                                 |  | US   |  | 3. Date Incorporated or Qualified 08/30/1996   |                                   |
| 2. Principal P                     | lace of Business   | 2e. Mailing Address  | <del></del>                                    | 4. FEI Number  | Applied For                       |
| 21                                 |  | 26   |  | 59-3400748   | Not Applicable                    |
| Suite, Apt.                        |  | Suile, Apt. #, etc.  |  | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |
| City & State                       | 6  | City & State   |  | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees    |
| Zip                                | Country  | Žψ   | Country  | 8. This corporation owes or has paid the c   |                                   |
| 24                                 | 25   | 29   | 30   | Personal Property Tax due June 30.  10. Name and Address of New Registered                       | Yes No                            |
|                                    |  |  |  | 10. Name and Address of New Registere  | Agent                             |
| KESSOUS, ERIC<br>2611 TILTON COURT |  |  |  |  |                                   |
| ORLANDO FL 32835                   |  |  | 82 Street Addr                                 | ress (P.O. Box Number is Not Acceptable)   |                                   |
|                                    |  |  | 63   |  |                                   |
| 1                                  |  |  | 84 City  | , , , , , , , , , , , , , , , , , , ,  | 85 Zip Code                       |
| 44 Dyroupot                        | to the provinces of Continue COT ()  | LO2 and CO7 1609 Florida Ctat                                      | the the should pared core                      | possible a description this statement for the surross  | of shanging its registered        |
| office or a                        | egistered agent, or both, in the Sta<br>m familiar with, and accord the obli | ite of Florida, Such change was<br>grations of Section 607 0505. F | authorized by the corporate<br>forida Statutes | poration submits this statement for the purpose ion's board of directors. I hereby accept the ap | opointment as registered          |
| SIGNATURE                          |  |  | Total Otalia (op.)                             |  |                                   |
|                                    | Signature, typed or printed name of registered a                             |  | OTE: Registered Agent signature requir         |  |                                   |
| 12.                                | PSTD   | ND DIRECTORS  DELETE   | 13.  | ADDITIONS/CHANGES TO OFFICERS AN   | Change Addition                   |
| NAME                               | KESSOUS, ERIC  |  | 1.2 NAME                                       |  |                                   |
| STREET ADDRESS                     | 2611 TILTON COURT  |  | 1.3 STREET ADDRESS                             |  |                                   |
| CITY-ST-ZIP                        | ORLANDO FL 32835   |  | 1.4 CITY-ST-ZIP                                |  |                                   |
| TITLE                              |  | ☐ DELETE   | 2.1 TITLE                                      |  | Change Addition                   |
| NAME                               |  |  | 2.2 NAME                                       |  |                                   |
| STREET ADDRESS CITY-ST-ZIP         |  |  | 2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP      |  |                                   |
| TITLE                              |  | DELETE   | 3.1 TITLE                                      |  | Change Addition                   |
| NAME                               |  |  | 3 2 NAME                                       |  | -                                 |
| STREET ADDRESS                     |  |  | 3.3 STREET ADDRESS                             |  |                                   |
| CITY-ST-ZIP                        |  |  | 3.4. CITY - ST - ZIP                           |  |                                   |
| TITLE                              |  | ☐ DELETE   | 4.1 TITLE                                      |  | Change Addition                   |
| NAME<br>STREET ADDRESS             |  |  | 4.2 NAME<br>4.3 STREET ADDRESS                 |  |                                   |
| CITY-ST-ZIP                        |  |  | 4.4 CiTY-ST-ZiP                                |  |                                   |
| TITLE                              |  | DELETE   | 5.1 TITLE                                      |  | Change Addition                   |
| NAME                               |  |  | 5.2 NAME                                       |  | l                                 |
| STREET ADORESS                     |  |  | 5.3 STREET ADDRESS                             |  |                                   |
| CITY-ST-ZIP                        | · · · · · · · · · · · · · · · · · · ·  | Devere   | 5.4 CITY - ST - ZIP                            |  | □ A □ 1229                        |
| TITLE                              |  | ☐ DELETE   | 6.1 TITLE                                      |  | Change Addition                   |
| ) NAME                             |  |  | 6.2 NAME                                       |  |                                   |

14. Thereby 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 armual 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 of irustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.

SIGNATURE:

3/17/9

407370200

**FILED** 

Apr 02 1998 8:00am

Secretary of State

CR2E034 (10/97)