

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

FILED
Mar 17 1997 8:00am
Secretary of State

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|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P96000077848 (5)
1. Corporation Name
NISSEN-WISBY, INC.



| | |
|---|--|
| Principal Place of Business 420 SOUTH DIXIE HIGHWAY SUITE 4KA CORAL GABLES FL 33146 | Mailing Address 420 SOUTH DIXIE HIGHWAY SUITE 4KA CORAL GABLES FL 33146-2222 |
|---|--|

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 09/18/1996 | 3a. Date of Last Report N/A |
|--|---------------------------------------|

| | |
|--|---|
| 2. Principal Place of Business 21 28320 SW 207 AVE | 2a. Mailing Address 26 28320 SW 207 AVE |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 HOMESTEAD, FL | City & State 28 HOMESTEAD, FL |
| Zip 24 33030 | Country 25 USA |
| Zip 29 33030 | Country 30 USA |

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0701312 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

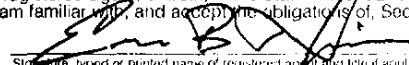
9. Name and Address of Current Registered Agent

**SMITH, SAMUEL E
420 SOUTH DIXIE HIGHWAY
SUITE 4KA
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name NISSSEN, EVAN B. |
| 82 Street Address (P.O. Box Number is Not Acceptable) 28320 SW 207 AVE |
| 83 |
| 84 City HOMESTEAD |
| 85 Zip Code FL 33030 |

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 **3-10-97**

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|-----------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | NISSSEN, EVAN B | |
| STREET ADDRESS | 28320 S.W. 207TH AVE. | |
| CITY-ST-ZIP | HOMESTEAD FL 33030 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | NISSSEN, STEPHANIE W | |
| STREET ADDRESS | 28320 S.W. 207TH AVE. | |
| CITY-ST-ZIP | HOMESTEAD FL 33030 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | WISBY, WARREN J | |
| STREET ADDRESS | 555 S. LUNA COURT APT. 312 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | WISBY, AUDRA B | |
| STREET ADDRESS | 555 S. LUNA COURT APT. 312 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--|---|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <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 

3-10-97

CR2E034 (9/96)