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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000079424**1. Corporation Name

NS CONSULTING SYSTEMS, INC.

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90083 006 ***150.00



Principal Place of Business Mailing Address							r valia valši 66311 4641	1 16819 (11) VIJ	U 17851 8191 1881
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OUNAL GABLE	LO FE 00104	CORAL GABLES FL 3	IS134			3. Date Incorporated or Q	OT WRITE IN THE	S SPACE	· .
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2. Principal	Place of Business	2a. Mailing Address				09/25/1996 4. FEI Number			nation Fee
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Suite, Apt	l. #, etc.	Suite, Apt. #, etc				05 0033240			ot Applicable Additional
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City & State . City & State			e			6. Election Campaign Fina	ncina		<u> </u>
23		28				Trust Fund Contribution	~		May Be to Fees
Zip Country Zip			Cou	ntry			·		to rees
24	4 25 29		30			8. This corporation owes the current year Intangible Personal Property Tax. No No			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of	New Registered	_	
	WIDOW BALL T			81	Name		•		
	VARONA, RAUL J. S			82	Ctront Addi-	(D.O. D N	<u> </u>	•	
1333 SOUTH MIAMI AVENUE				02	Street Addre	ess (P.O. Box Number is Not A	Acceptable)		
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i				84	City	•	FI	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida S	tatutes, the ab	ove-r	named corpo	pration submits this statement	for the purpose of	t changing its	registered
	registered agent, or both, in the State am familiar with, and accept the obliga				ne corporation	n's board of directors. I hereby	accept the appo	intment as re	gistered
		duona of, dection our .0303	, i londa Statu	iles.					ĺ
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (I	NOTE: Registered A	Agent si	ignature required	when reinstation)	DATE		
12.	OFFICERS AN		13.						. 1
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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 an an attachment with an address, with all other like empowered.