

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 29, 1999 8:00 am
Secretary of State

06-29-1999 90001 012 ***150.00

DOCUMENT # P018000032459

1. Corporation Name

NATIONAL RESEARCH Specialists, Inc

Principal Place of Business

1849 N CRYSTAL LAKE DR P.O. Box 92542
LAKELAND, FL 33801 LAKELAND, FL
33804

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21 LAKELAND, FL

Suite, Apt. #, etc.

2a. Mailing Address

26 1849 Crystal Lake Dr

Suite, Apt. #, etc.

Applied For

Not Applica

22

City & State

27

City & State

\$8.75 Additional

Fee Required

23

Zip

28

Zip

\$5.00 May Be

Added to Fees

24

County

29

County

Yes

No

9. Name and Address of Current Registered Agent

Chester Heiser
5210 ST Rd 33 N
Lakeland, FL

81 Name Chester Heiser

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City LAKELAND FL 85 Zip Code 33801

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

6/22/1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addit
NAME	Chester Heiser		1.2 NAME		
STREET ADDRESS	5210 ST 33 N Lakeland, FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	33804		1.4 CITY-ST-ZIP		
TITLE	VICE President	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addit
NAME	Anna Williamson		2.2 NAME		
STREET ADDRESS	2305 Sydney Dover Rd		2.3 STREET ADDRESS		
CITY-ST-ZIP	Dover, FL 33527		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addit
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addit
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addit
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addit
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/99 941-686-5

Date

Daytime Phone #

National Research Specialists, Inc.

580475-9001-12

P98000032459

*Research on almost Anything, or
Anyone, Anywhere in the Nation*

P.O. BOX 92542 ♦ LAKELAND, FL 33804
LOCAL: 941-686-5714 ♦ TOLL-FREE: 800-840-9149 ♦ FAX: 941-686-5310

06/22/1999

Florida Dept of State
Katherine Harris
Secretary of State
Divisions of Corporations

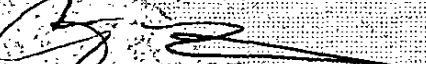
To Whom It May Concern:

On the week ending 06/18/1999 I contacted the State offices and requested the filing form: Profit Corporations Annual Report.

It is noted I advised that I had not received the form(s) for last year(1998). It is further noted that this Corporation was established in 1998. I was advised to submit this letter as not to incur in Penalty fees.

If you have any questions, please do not hesitate to contact me at the listed phone.

Thank You,


Chester T. Heiser
President