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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. corporation	MENT # S0958 NS GROUP, INC.	8 (2)			
Principal Plac	e of Business	Mailing Address			
4800 N. FEDERAL HIGHWAY SUITE 200-A BOCA RATON FL 33431		4800 N. FEDERAL HIGHW SUITE 200-A BOCA RATON FL 33431-5			
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
Pencinal C	Place of Business	2a. Mailino Address		10/30/1990 4. FEI Number	05/20/1996
21	Rece of Elosifica	26 Waning Address		65-0229239	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
(2)		27 Cit. 9 Cit.			Fee Hequired
City & Stat	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for in	
24	25	29	30	Florida Statutes	Yes No
	g, Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent
SIEMENS, RICHARD 880 NE 33RD STREET					
	CA RATON FL 33431		82 Street Addr	ess (P.O. Box Number is Not Acceptable	3)
50	ON TIMION I E SONS I		83		
			84 City		85 Zip Code
office or i agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the obli	02 and 607.1508, Florida Statut e of Florida. Such change was a gations of, Section 607.0505, Flo	es, the above-named corp authorized by the corporat orida Statutes.	oration submits this statement for the pu ion's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE	Signature typed or printed name of registered as	gent and title if applicable (NOT	E: Registered Agent signature requir	ed when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D DICHENC BIOLIAND	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	SIEMENS, RICHARD 880 NE 33RD STREET		1.2 NAME 1.3 STREET ADDRESS	•	
City St-Zip	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	•	
CITY-SI-ZIP	· · · · · · · · · · · · · · · · · · ·	T brietr	2 4 CITY-ST-ZIP		
TITLE NAME		L} DELETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			33 STREET ADDRESS		
CITY - S1 - ZIP			34. CITY-ST-ZIP		
HILF		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-7IP		D printe	4.4 City-St-ZiP		
TITLE NAME		☐ DELETE	5.1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-SI-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TIFLE		☐ Change ☐ Addition
NAME			6.2 NAME	•	•
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		- d [as a] 2 4 2	6.4 CITY-ST-ZIP		
14. I do herol informatio Lam an o appears i	ry cerury mat the information empfi on indicated on this annual empirt or ifficer or director of the co-position of in Block 12 or Block 13 trichmand	ed with this filling ques not quali- supplymental angual report is to the receiver or trustee empowers by or, an attachulent with an add	ry for the exemption stated rue and accurate and that pered to execute this repor dress.	in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal t as required by Chapter 607, Florida Sta	I further certify that the effect as if made under oath; that atutes; and that my name

SIGNATURE:

FILED

May 07 1997 8:00am

Secretary of State