

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

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Jan 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S42828** (1)
1. Corporation Name
NEW SOUTH INDUSTRIES, INC.



Principal Place of Business 380 SEMORAN COMMERCE PLACE SUITE C-306 APOPKA FL 32703	Mailing Address 380 SEMORAN COMMERCE PLACE SUITE C-306 APOPKA FL 32703-4885
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/01/1991	3a. Date of Last Report 04/16/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3060756	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FLEISCHER, NANCY 147 ESSEX DR LONGWOOD FL 32779	10. Name and Address of New Registered Agent 81 Name <u>Larry L. Michael</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>151 N. Orlando Ave #238</u> 83 84 City <u>Winter Park</u> FL 85 Zip Code <u>32789</u>
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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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTV	1.1 TITLE	V.P.
NAME	FLEISCHER, NANCY	1.2 NAME	LARRY L. MICHAEL
STREET ADDRESS	147 ESSEX DR.	1.3 STREET ADDRESS	151 N. ORLANDO AVE #238
CITY-ST-ZIP	LONGWOOD FL 32779	1.4 CITY-ST-ZIP	WINTER PARK, FLORIDA 32789
TITLE	S	2.1 TITLE	PTS
NAME	HARDEE, JOSIE	2.2 NAME	NANCY FLEISCHER
STREET ADDRESS	662 SANDPIPER LN	2.3 STREET ADDRESS	147 ESSEX DR
CITY-ST-ZIP	CASSELBERRY FL 32707	2.4 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Nancy A. Fleischer 1-22-97 407-884-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: #

CR2E034 (9/96)