


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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90128 050 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S42828**

1. Corporation Name  
**NEW SOUTH INDUSTRIES, INC.**

Principal Place of Business <b>380 SEMORAN COMMERCE PLACE SUITE C-306 APOPKA FL 32703</b>	Mailing Address <b>380 SEMORAN COMMERCE PLACE SUITE C-306 APOPKA FL 32703</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/01/1991</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-3060756</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 SAME</b>	2a. Mailing Address <b>26 SAME</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent <b>FLEISCHER, NANCY 147 ESSEX DR LONGWOOD FL 32779</b>	10. Name and Address of New Registered Agent <b>81 Name SAME</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City FL 85 Zip Code</b>
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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 *Nancy C. Fleischner* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>President</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FLEISCHER, NANCY</b>		1.2 NAME <b>FLEISCHER, E. NANCY</b>	
STREET ADDRESS <b>3004 FOXHILL CIR., #203</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>APOPKA FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MICHAELDO, LARRY L.</b>		2.2 NAME	
STREET ADDRESS <b>151 ORLANDO AVE #238</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>WINTER PARK FL</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME <b>FLEISCHER, E. NANCY</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>147 ESSEX DR.</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>LONGWOOD FLA 32779</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>V.P.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME <b>MICHAELDO, LARRY L.</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>3004 FOXHILL CIR., #203</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>APOPKA, FL</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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 *Nancy C. Fleischner* SIGNATURE REQUIRED  
Date 407-884-5600  
Daytime Phone #

CR2E034 (11/98)