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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # V28867

(2)

THE NUCLEUS GROUP, INC.

Principal Place of Business N

2809 N.E. 16TH TERRACE WILTON MANORS FL 33334

Mailing Address

2809 N.E. 16TH TERRACE WILTON MANORS FL 33334-432

FILED Apr 07 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified 04/13/1992	3a. Date of Last Report 03/13/1996
	lace of Business	2a. Mailing Address	74	4. FEI Number	Applied For
	NE, 15 5t,	26 275/NE	15 th 5t.	65-0329875	Not Applica
Suite, Apt 22 2.0		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additiona Fee Required
City & State		City & State 28 Ft, Land	F.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
$Z_{\rm ID}$	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032
24 <i>333</i>			30 USA		Yes 🔯 No
	9. Name and Address of Currer	it Hegistered Agent	81 Name	10. Name and Address of New Rec	hateled wheut
	WART, VICTOR		91 (Valle		
	9 N.E. 16TH TERRACE		82 Street Add	iress (P.O. Box Number is Not Acceptabl	e)
WIL	TON MANORS FL 33334				
			83		
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s, the above-named corr	poration submits this statement for the pr	
agent. La SIGNATURE	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statutes.	tion's board of directors. I hereby accep	
	Signature, typed or pricted name of registered age		: Registered Agent signature requi		DATE
			4.0	ADDITIONS/CHANGES TO DESIGN	EDG AND DIDECTORS IN 12
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	DP	D DIRECTORS DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12 Change Add
TITLE NAME	DP STEWART, VICTOR		1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICE	
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4. 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: - ZALO JAND WENT STEWAY

754-563-7465 Daytime Phone #

Daytime Phone #