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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE:
Sandra B. Mortham

Secreta of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P95000015919 (0)

NATIONSCOURT, INC.

Principal Place of Business Mailing Address

520 CROWN OAK CENTRE DR. 520 CROWN OAK CENTRE DR.



LONGWOOD	OAK CENTRE DR. FL 32750	520 CROWN OAK O LONGWOOD FL 327			Date Incorporated or Qualified 02/27/1995	3a. Date of La	st Report
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 3303 8	17	Applied For Not Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc.			5. Certificate of Status Desired	1 1	.75 Additional
City & State		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip 24	Country 25	Ζ _' ρ	Country 30	-,	8. This corporation has liability for Florida Statutes Yes		er s 199,032,
-	9. Name and Address of Curre				10. Name and Address of New R		
·····			81 N	ame			
	RATION INFORMATION SERV AYS ST	ICES INC.	C. 82 Street A		ddress (P.O. Box Number is Not Acceptable)		
	IASSEE FL/32301 A		83				
IALLAN	INDUCTION OF THE PROPERTY OF T		84 C	Se		85	Zip Code
			1 - 1	*		F1 1	
11. Pursuant to or registered familiar with	o the provisions of Sections (1/7.04) ad agent, of color, in indistance Flo n, and accept the diligitions of Se	02 and 607.1508, Florida Statut irida. Such change was authoriz iction 607.0505, Florida Statuter	tes, the above-namized by the corporation.	ied corporat tion's board	ion submits this statement for the pu of directors. I hereby accept the app	rpose of changing Jointment as regist	its registered office ered agent. I am
SIGNATURE	Signature, typed or printed that a of registered ag	or and title if applicable. (NX	OTE Registered Agent stor	nature repured v	At a vision luco	DATE	
					N OF TEN LACTOR (S)		
12.		NDORECTORS	13.		ADDITIONS/CHANGES TO OFF		
			<u></u>			FICERS AND DIRE	
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14. I do hereby certify that the information supplied with his fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this about record or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the opinion of 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 thin peopler that at achievement with an address.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

Charles C. Smith Jr. 410.96 407-331804