

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 129811

(6)

1. Corporation Name

N. GOLDRING CORPORATION

Principal Place of Business

675 SO PACE BLVD.
PENSACOLA FL 32501

Mailing Address

675 SO PACE BLVD.
PENSACOLA FL 32501



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

GREEN, C A
675 SOUTH PACE BLVD.
PENSACOLA FL 32501

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

Signature of Registered Agent or Officer or Director

Signature of Registered Agent or Officer or Director

(Date)

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.	13.
1. TITLE	1. TITLE
NAME	2. NAME
STREET ADDRESS	3. STREET ADDRESS
CITY-STATE-ZIP	4. CITY-STATE-ZIP
1. TITLE	2. NAME
NAME	3. STREET ADDRESS
STREET ADDRESS	4. CITY-STATE-ZIP
CITY-STATE-ZIP	5. TITLE
1. TITLE	2. NAME
NAME	3. STREET ADDRESS
STREET ADDRESS	4. CITY-STATE-ZIP
CITY-STATE-ZIP	5. TITLE
1. TITLE	2. NAME
NAME	3. STREET ADDRESS
STREET ADDRESS	4. CITY-STATE-ZIP
CITY-STATE-ZIP	5. TITLE
1. TITLE	2. NAME
NAME	3. STREET ADDRESS
STREET ADDRESS	4. CITY-STATE-ZIP
CITY-STATE-ZIP	5. TITLE

14. I do hereby certify that the information supplied with this filing 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 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 or is changed from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT J. JANUSA

3/18/96

Date of Filing

CR2E034 (12/95)