

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:09

DOCUMENT # **545687** (6)
1. Corporation Name
NAMROK INDUSTRIES OF FLORIDA, INCORPORATED

Principal Place of Business Mailing Address
1906 SEVENTH COURT NORTH LAKE WORTH FL 33461 **1906 SEVENTH COURT NORTH LAKE WORTH FL 33461**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1977	3a. Date of Last Report 03/29/1994
21. State, Apt. #, etc.	26. State, Apt. #, etc.			4. FEI Number 59-1791801	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired <input 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	29. 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				10. Name and Address of New Registered Agent	
THOMPSON, ROBERT C. 1566 62ND AVENUE, SOUTH WEST PALM BEACH FL 33415				B1. Name	
				B2. Street Address (P.O. Box Number is Not Acceptable)	
				B3. City	
				B4. City	FL B5. Zip Code

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 _____ (DATE) _____
(Signature of person or certified public accountant appointed agent and Secretary of State) (Date Registered Agent Signature Request Expires) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, ROBERT C.	1.2 NAME	
STREET ADDRESS	1566 62ND AVENUE SOUTH	1.3 STREET ADDRESS	
CITY, ST, ZIP	WEST PALM BEACH FL	1.4 CITY, ST, ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, PAULINE L.	2.2 NAME	
STREET ADDRESS	1566 62ND AVENUE SOUTH	2.3 STREET ADDRESS	
CITY, ST, ZIP	WEST PALM BEACH FL	2.4 CITY, ST, ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, RICHARD F.	3.2 NAME	
STREET ADDRESS	1566 62ND AVENUE SOUTH	3.3 STREET ADDRESS	
CITY, ST, ZIP	WEST PALM BEACH FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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: *Richard F. Thompson* **RICHARD F. THOMPSON** **3/27/95** **407-585-6262**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number