

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **659083** (0)

1. Corporation Name

**NASHUA ENTERPRISES, INC.**



Principal Place of Business

**11471 W. SAMPLE ROAD  
SUITE 37  
CORAL SPRINGS FL 33065  
US**

Mailing Address

**11471 W. SAMPLE ROAD  
SUITE 37  
CORAL SPRINGS FL 33065  
US**

3. Date Incorporated or Qualified  
**03/12/1980**

3a. Date of Last Report  
**04/14/1995**

2. Principal Place of Business

21 **1236 Hillsboro Mile**

Suite, Apt. #, etc.

22 **APT. # 206**

City & State

23 **Hillsboro Beach, FL**

Zip

24 **33062**

Country

2a. Mailing Address

26 **1236 Hillsboro Mile**

Suite, Apt. #, etc.

27 **APT. # 206**

City & State

28 **Hillsboro Beach, FL**

Zip

29 **33062**

Country

4. FEI Number

**59-2067595**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PARKER, ROBERT  
11471 W. SAMPLE ROAD  
SUITE 37  
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name

**PARKER, ROBERT**

82 Street Address (P.O. Box Number is Not Acceptable)

**1236 Hillsboro Mile**

83

**APT. # 206**

84 City

**Hillsboro Beach**

**FL**

85 Zip Code

**33062**

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 607.0508, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

Date of Registered Agent signature required when filing

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

**PARKER, ROBERT**

**11471 W. SAMPLE ROAD, SUITE 37**

**CORAL SPRINGS FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

**PARKER, JUDITH A**

**11471 W. SAMPLE RD. SUITE 37**

**PARKLAND FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST

**KURTZ, LAURIE**

**11471 W. SAMPLE RD., SUITE 37**

**CORAL SPRINGS FL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**1236 Hillsboro Mile, #206**

**Hillsboro Beach, FL 33062**

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**1236 Hillsboro Mile, #206**

**Hillsboro Beach, FL 33062**

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

*Robert G. Parker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT G. PARKER**

**4-21-96**

**954-428-8310**

Date

Daytime Phone

CR2E034 (12/95)