

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005953 (5)**

1. Corporation Name  
**NFW, INC.**

Principal Place of Business Mailing Address  
~~600 EAST BAY STREET~~ **308 EAST BAY STREET**  
**PO BOX SS-5539** **PO BOX SS-5539**  
**NASSAU, BAHAMAS** **NASSAU, BAHAMAS**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21 <b>404 EAST BAY STREET</b>		26		<b>12/30/1993</b>	<b>04/07/1994</b>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		<b>98-0137684</b>	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		B1 Name			
		B2 Street Address (P.O. Box Number is Not Acceptable)			
		B3			
		B4 City			
		FL B5 Zip Code			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		B1 Name			
		B2 Street Address (P.O. Box Number is Not Acceptable)			
		B3			
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETIT, CHARLES	1.2 NAME	
STREET ADDRESS	PO BOX 69428/ MAKSHAFF SERVICES LTD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	RIYADH 11547, SAUDI ARABIA	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<b>DIRECTOR + PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIR, IAN D	2.2 NAME	
STREET ADDRESS	<del>308 EAST BAY ST</del> PO BOX SS-5539	2.3 STREET ADDRESS	<b>404 EAST BAY STREET</b>
CITY - ST - ZIP	NASSAU, BAHAMAS	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	<b>RESIGNED/ DELETED</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, NICHOLAS	3.2 NAME	
STREET ADDRESS	PROVENCE GESTION FINANCIERE	3.3 STREET ADDRESS	
CITY - ST - ZIP	84210 ST-DIDIER, VAUCLUSE,	3.4 CITY - ST - ZIP	
TITLE	VT	4.1 TITLE	<b>VISIT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUDD, A C	4.2 NAME	
STREET ADDRESS	5318 ROYAL CREST	4.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX 75229	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<b>RESIGNED/ DELETED</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, JOHN A	5.2 NAME	
STREET ADDRESS	1301 MCKINNEY, SUITE 5100	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX 77010-3095	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(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: A. Carl Mudd **A. CARL MUDD** 04/27/95 **214-361-1721**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Area #)