

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000005953 (5)

1. Corporation Name

NFW, INC.



Principal Place of Business

Mailing Address

404 EAST BAY ST
PO BOX SS-5539
NASSAU, BAHAMAS
US

~~404 EAST BAY STREET~~
~~PO BOX SS-5539~~ HM 455
NASSAU, BAHAMAS
HAMILTON HM Bx Bermuda

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

22 City & State

24 Zip

25 Country

26 PO Box HM 455

27 Suite, Apt #, etc

28 HAMILTON HM BX

29 Zip

30 Country

BERMUDA

3. Date Incorporated or Qualified

12/30/1993

3a. Date of Last Report

04/27/1995

4. FEI Number

98-0137684

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 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

Signature type for principal or registered agent and title (applicable)

Date (Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/>	DELETE
NAME	PETTIT, CHARLES		
STREET ADDRESS	PO BOX 69428/ MAKSHAFF SERVICES LTD.		
CITY - ST - ZIP	RIYADH 11547, SAUDI ARABIA		
TITLE	DP	<input type="checkbox"/>	DELETE
NAME	FAIR, IAN D		
STREET ADDRESS	404 E BAY ST		
CITY - ST - ZIP	NASSAU, BAHAMAS		
TITLE	VP	<input checked="" type="checkbox"/>	DELETE
NAME	MUDD, A C		
STREET ADDRESS	5318 ROYAL GREST		
CITY - ST - ZIP	DALLAS TX		
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

11 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition	
12 NAME					
13 STREET ADDRESS					
14 CITY - ST - ZIP					
21 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition	
22 NAME					
23 STREET ADDRESS					
24 CITY - ST - ZIP					
31 TITLE	ASST. SFCY	<input checked="" type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
32 NAME	GUTHRIE, WILLIAM A.				
33 STREET ADDRESS	PO BOX HM 455 NA				
34 CITY - ST - ZIP	HAMILTON HM BX, BERMUDA				
41 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
42 NAME					
43 STREET ADDRESS					
44 CITY - ST - ZIP					
51 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
52 NAME					
53 STREET ADDRESS					
54 CITY - ST - ZIP					
61 TITLE	200001903582	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
62 NAME	-07/24/96--01084--001				
63 STREET ADDRESS	***225.00				
64 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 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 617, Florida Statutes, and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William A. Guthrie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 July 96

441-236-3535

Date

Exemption Provision #

15 7/24/96

CR2E034 (3/96)