

**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 # P94000037560 (7)**

1. Corporation Name  
**NAS, INC.**



Principal Place of Business: **1530 WEST WASHINGTON STREET MONTICELLO FL 32344**  
Mailing Address: **1530 WEST WASHINGTON STREET MONTICELLO FL 32344**

3. Date Incorporated or Qualified: **05/16/1994**  
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business: **21** Suite, Apt. #, etc.  
2a. Mailing Address: **26** Suite, Apt. #, etc.  
23. City & State  
24. Zip  
25. Country  
26. City & State  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

4. FEI Number: **59-3249184**  
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: **BIRD, T. BUCKINGHAM 220 SOUTH CHERRY STREET MONTICELLO FL 32344**  
10. Name and Address of New Registered Agent:  
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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATEL, N V</b>	2. NAME	
STREET ADDRESS	<b>202 HIGHWAY 19 SOUTH</b>	3. STREET ADDRESS	
CITY - ST - ZIP	<b>THOMASVILLE GA</b>	4. CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATEL, MANJULA N</b>	22. NAME	
STREET ADDRESS	<b>202 HIGHWAY 19 SOUTH</b>	23. STREET ADDRESS	
CITY - ST - ZIP	<b>THOMASVILLE GA</b>	24. CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATEL, S. L</b>	32. NAME	
STREET ADDRESS	<b>1530 WEST WASHINGTON STREET</b>	33. STREET ADDRESS	
CITY - ST - ZIP	<b>MONTICELLO FL 32344</b>	34. CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATEL, MADHUBEN S</b>	42. NAME	
STREET ADDRESS	<b>1530 WEST WASHINGTON STREET</b>	43. STREET ADDRESS	
CITY - ST - ZIP	<b>MONTICELLO FL 32344</b>	44. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		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)(c), 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: **S. Patel** **04-19-96** **904-997-3525**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)