

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

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55 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murdick
Secretary of State
DOH, 1000 PENNSYLVANIA AVENUE

DOCUMENT # **S94542** (5)

NATIONWIDE TECHNOLOGIES, INC.

2. Name of Corporation
**4801 S. UNIVERSITY DRIVE
DAVIE FL 33328**

2a. Mailing Address
**4801 S. UNIVERSITY DRIVE
DAVIE FL 33328**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **11/15/1991** 3a. Date of Last Report: **05/09/1994**

4. FIC Number: **65-0297461** Applied For: Not Applicable:

5. Certificate of Status Due: **\$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 state taxes under the Florida Statutes: Yes No

21. Principal Office: **4801 S. UNIVERSITY DRIVE** 26. Mailing Address: **4801 S. UNIVERSITY DRIVE**

22. City: **DAVIE** 27. State: **FL**

23. County: **DAVIE** 28. City & State: **DAVIE FL**

24. State: **FL** 25. City: **DAVIE** 29. State: **FL** 30. City: **DAVIE**

9. Name and Address of Current Registered Agent

**SKLAR, ROBERT Z.
1524 N.W. 113TH WAY
PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent

81. Name: _____

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

83. _____

84. City: _____

85. State: **FL** Zip Code: _____

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the new 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 hereby waiving the provisions of Section 607.0602, Florida Statutes.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: **D SKLAR, ROBERT Z.**
2. STREET ADDRESS: **1524 N.W. 113TH WAY**
3. CITY: **PEMBROKE PINES FL**

4. NAME: **D SKLAR, JOAN S.**
5. STREET ADDRESS: **1524 N.W. 113TH WAY**
6. CITY: **PEMBROKE PINES FL**

7. NAME: _____
8. STREET ADDRESS: _____
9. CITY: _____

10. NAME: _____
11. STREET ADDRESS: _____
12. CITY: _____

13. NAME: _____
14. STREET ADDRESS: _____
15. CITY: _____

16. NAME: _____
17. STREET ADDRESS: _____
18. CITY: _____

14. I declare, certify, and warrant that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 130.071(5), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the books of the corporation or on another report filed with an address.

SIGNATURE *Robert Z. Sklar*
SIGNATURE AND TYPED ON PRINTED NAME OF BOARD OFFICER OR DIRECTOR

S/20/95 315-434-9779