


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90167 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000046935					
1. Corporation Name 38 NAS, INC.					
Principal Place of Business 12360-66TH STREET SUITE M LARGO FL 34643			Mailing Address 12360-66TH STREET SUITE M LARGO FL 34643		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 05/27/1998					
2. Principal Place of Business 21 Suite, /apt. #, etc. 22 City & State 23 Zip Country				2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
4. FEI Number 59-3521648				Applied For No: Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent NASH, THOMAS C II 625 COURT STREET SECOND FLOOR CLEARWATER FL 33756			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0507 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NO E-Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME DP STREET ADDRESS MOYLES, NATAUE CITY-STATE-ZIP 12360-66TH STREET SUITE M LARGO FL 34643			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME DV STREET ADDRESS MOYLES, MICHAEL SEAN CITY-STATE-ZIP 12360-66TH STREET SUITE M LARGO FL 34643			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME DST STREET ADDRESS MOYLES, ASHLEY. CITY-STATE-ZIP 12360-66TH STREET SUITE M LARGO FL 34643			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99

Date

727-535-9895

Daytime Phone #

CR2E034 (1/98)