## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

266530

(5)

H.E. NASON, INC.

Principal Place of Business	
C/O H E NASON	
7670 N W 55 STREET	
HIMIN EL COACC	

Mailing Address

## **FILED** Jan 15 1998 8:00am Secretary of State



C/O H E NASON	7670 N W 55 STREET			
7670 N W 55 STREET MIAMI FL 33166	MIAMI FL 33166		DO NOT WRITE IN THIS SPA	ACE
111/1111 12 35135	mm nu i e doi do		3. Date Incorporated or Qualified	
			01/25/1963	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-0998066	Not Applicable
Suite, Apt, #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the currer	nt year intangible
24 25	29	30	Personal Property Tax due June 30.	
9. Name and Address of Current I	<u> </u>		10. Name and Address of New Registered Ag	ent
NASON,H E		81 Name		
8521 S.W. 93 CT.		70 0 11	(D.C. Davidson in New Assessments)	
MIAMI FL		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
MINIMI FL		83		
		84 City	FL	85 Zip Code
144 - 207 8500	- 1 007 4500 Florida October		FL	anging ite registered
office or registered agent, or both, in the State of	ang 607.1508, Florida Statul Florida. Such change was	es, the above-named c authorized by the corpo	orporation submits this statement for the purpose of ci oration's board of directors. I hereby accept the appoin	nanging as registered
agent. I am familiar with, and accept the obligation	ons of, Section 607.0505, Fl	orida Statutes.	•	-
SIGNATURE				·····
Signature, typed or printed name of registered agent a		E: Registered Agent signature re	equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND D	VIDEOTODE IN 15
12. OFFICERS AND	DIRECTORS	13.		Change Addition
TITLE VD		1.1 TITLE		
NAME NASON, MARGUERITE		1.2 NAME		
STREET ADDRESS 8541 SW 93 CT		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL	·····	1.4 CITY-ST-ZIP		1 0 1 1 1 1 1 1 1
TITLE STD	DELETE	2.1 TITLE	L.	Change
NAME YANCEY, ROSE ANNA		2.2 NAME		
STREET ADDRESS 8621 SW 93 CT		2.3 STREET ADDRESS	47.1	
CITY-ST-ZIP MIAMI FL		2. 4 CITY-ST-ZIP		
TITLE PD	DELETE	3.1 TITLE	L	Change Addition
NASON, HE		3.2 NAME		
STREET ADDRESS 8541 SW 93 CT		3.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL		3.4. CITY - ST - ZIP		
TITLE	DELETE	4.1 TITLE		Change
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CiTY-SI-ZiP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		•
CITY-SJ-ZIP	DELETE	5.4 CHY-SI-ZIP 6.1 TITLE		Change Addition
	- Deceil	1 1	_	
1 NAME		E CONAMC 1		1
1		6.2 NAME		
STREET ADDRESS CITY-ST-ZIP		6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

The boy being that the information supplied with this limit does not quality for the exemption stated in Section 1.19.07(3)(), 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 chapged, or on an attachment with an address.

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