FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 FEB -7 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 393585 (5)

1. Corporation Name
NAGORD PROPERTIES, INC.

Principal Place of Business	Mailing Address
322 PLANT AVENUE TAMPA FL 33606	322 PLANT AVENUE TAMPA FL 33606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/05/1972
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: 59-1437537 ☐ 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

WILLIAMS, GLADYS A.
322 PLANT AVENUE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name: Darcie L. Maldonado
82 Street Address (P.O. Box Number is Not Acceptable): 322 Plant Avenue
83:
84 City: Tampa FL 85 Zip Code: 33606

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: Darcie L. Maldonado Darcie L. Maldonado Secretary Treasurer 2-03-95 (813)251-6588
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	WILLIAMS, GLADYS	12 NAME	Bonnie G. Cohen	
STREET ADDRESS	322 PLANT AVE	13 STREET ADDRESS	5707 Darnell	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Houston, TX 77096	
TITLE	V	21 TITLE	V/D	☒ Change ☐ Addition
NAME	COHEN, MIRIAM D	22 NAME	Miriam Dolly Cohen	
STREET ADDRESS	7706 YAMINI DR	23 STREET ADDRESS	7706 Yamini Drive	
CITY-ST-ZIP	DALLAS TX	24 CITY-ST-ZIP	Dallas, TX 75230	
TITLE	ST	31 TITLE	ST/D	☒ Change ☐ Addition
NAME	MALDONADO, DARCIE L.	32 NAME	Darcie L. Maldonado	
STREET ADDRESS	4722 WALLCRAFT AVENUE	33 STREET ADDRESS	322 Plant Avenue	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	Tampa, FL 33606	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ 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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Darcie L. Maldonado Darcie L. Maldonado 2-03-95 (813)251-6588
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0291651 CP