

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 # **393585** (5)

1. Corporation Name
NAGORD PROPERTIES, INC.



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

3. Date Incorporated or Qualified: **01/05/1972**
3a. Date of Last Report: **02/07/1995**
4. FET Number: **59-1437537**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **4556 S. Manhattan Ave Suite D Tampa, FL 33611 Hills.**
2a. Mailing Address: **P.O. Box 13926 Tampa, FL 33681 Hills**
21. City, State, Zip: **Tampa, FL 33611 Hills.**
22. Suite, Apt. #, etc.: **Suite D**
23. City, State, Zip: **Tampa, FL 33611 Hills.**
24. City, State, Zip: **Tampa, FL 33611 Hills.**
25. City, State, Zip: **Hills.**
26. City, State, Zip: **Tampa, FL 33681 Hills**
27. City, State, Zip: **Tampa, FL 33681 Hills**
28. City, State, Zip: **Tampa, FL 33681 Hills**
29. City, State, Zip: **Tampa, FL 33681 Hills**
30. City, State, Zip: **Hills**

9. Name and Address of Current Registered Agent

**MALDONADO, DARCIE L
322 PLANT AVE
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): **4556 S. Manhattan Ave**
83. Suite, Apt. #, etc.: **Suite D**
84. City, State, Zip: **Tampa FL 33611**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE: *Darcie L. Maldonado* Darcie L. Maldonado 2-8-96

12. OFFICERS AND DIRECTORS

| | |
|---|---------------------------------|
| 12.1 NAME: COHEN, BONNIE G | <input type="checkbox"/> DELETE |
| 12.2 STREET ADDRESS: 5707 DARNELL HOUSTON TX | |
| 12.3 CITY, STATE, ZIP: VD | <input type="checkbox"/> DELETE |
| 12.4 NAME: COHEN, MIRIAM DOLLY | |
| 12.5 STREET ADDRESS: 7706 YAMINA DRIVE DALLAS TX | |
| 12.6 CITY, STATE, ZIP: STD | <input type="checkbox"/> DELETE |
| 12.7 NAME: MALDONADO, DARCIE L | |
| 12.8 STREET ADDRESS: 322 PLANT AVE TAMPA FL | |
| 12.9 CITY, STATE, ZIP: TAMPA FL | <input type="checkbox"/> DELETE |
| 12.10 NAME: | |
| 12.11 STREET ADDRESS: | |
| 12.12 CITY, STATE, ZIP: | <input type="checkbox"/> DELETE |
| 12.13 NAME: | |
| 12.14 STREET ADDRESS: | |
| 12.15 CITY, STATE, ZIP: | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|--|
| 13.1 TITLE: Vice President/Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 13.2 NAME: Gladys A. Williams | |
| 13.3 STREET ADDRESS: 4335 Aegean Dr. 136A | |
| 13.4 CITY, STATE, ZIP: Tampa, FL 33611 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.5 TITLE: STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 NAME: Darcie L. Maldonado | |
| 13.7 STREET ADDRESS: 4556 S. Manhattan, D | |
| 13.8 CITY, STATE, ZIP: Tampa, FL 33611 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.9 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 NAME: | |
| 13.11 STREET ADDRESS: | |
| 13.12 CITY, STATE, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.13 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 NAME: | |
| 13.15 STREET ADDRESS: | |
| 13.16 CITY, STATE, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Darcie L. Maldonado* Darcie L. Maldonado 2-8-96 2-8-96

CR2E034 (12/95)