

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 395182 (9)

1. Corporation Name
NAGORD ENTERPRISES, INC.

Principal Place of Business Mailing Address
**322 PLANT AVE. 322 PLANT AVE.
TAMPA FL 33606 TAMPA FL 33606**

DO NOT WRITE IN THIS SPACE.

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

| | | | | | |
|--------------------------------|-------------|-------------------------|-------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/02/1972 | 3a. Date of Last Report 04/06/1994 |
| 21 | | 26 | | 4. FEI Number 59-1450584 | Applied For Not Applicable |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|----------------------------|-------|-------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| WILLIAMS, GLADYS A 322 PLANT AVE TAMPA FL 33606 | | | | B1 Name | Darcie L. Maldonado | | |
| | | | | B2 Street Address (P.O. Box Number is Not Acceptable) | 322 Plant Avenue | | |
| | | | | B3 | | | |
| | | | | B4 City | Tampa | B5 FL | B6 Zip Code |

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**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|--|
| TITLE | PD | 1.1 TITLE | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, GLADYS A. | 1.2 NAME | Bonnie G. Cohen |
| STREET ADDRESS | 322 PLANT AVE. | 1.3 STREET ADDRESS | 5707 Darnell |
| CITY - ST - ZIP | TAMPA FL | 1.4 CITY - ST - ZIP | Houston, Texas 77096 |
| TITLE | VD | 2.1 TITLE | V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, BONNIE G. | 2.2 NAME | Miriam Dolly Cohen |
| STREET ADDRESS | 5707 DARRELL T. | 2.3 STREET ADDRESS | 7706 Yamini Drive |
| CITY - ST - ZIP | HOUSTON TX | 2.4 CITY - ST - ZIP | Dallas, Texas 75230 |
| TITLE | ST | 3.1 TITLE | ST/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALDONADO, DARCIE L. | 3.2 NAME | Darcie L. Maldonado |
| STREET ADDRESS | 4722 WALLCRAFT AVE. | 3.3 STREET ADDRESS | 322 Plant Avenue |
| CITY - ST - ZIP | TAMPA FL | 3.4 CITY - ST - ZIP | Tampa, FL 33606 |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 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 110.07(4)(k), 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, typed or printed name of officer or director) (Date) (Telephone Number)