

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 395182 (9)

1. Corporation Name

NAGORD ENTERPRISES, INC.



Principal Place of Business

322 PLANT AVE.
TAMPA FL 33606

Mailing Address

322 PLANT AVE.
TAMPA FL 33606

3. Date Incorporated or Qualified

02/02/1972

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 4556 S. Manhattan

26 P.O. Box 13726

4. FET Number

59-1450584

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite D

27

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Zip

24 33611

25 Hills

29 33681

30 Hills.

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

10. Name and Address of New Registered Agent

MALDONADO, DARCIE L
322 PLANT AVE
TAMPA FL 33606

81 Name

Darcie L. Maldonado

82 Street Address (P.O. Box Number is Not Acceptable)

4556 S. Manhattan Ave

83

Suite D

84 City

Tampa

FL

85 Zip Code

33611

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, sec. treas.

Darcie L. Maldonado

2-9-96

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
NAME COHEN, BONNIE G
STREET ADDRESS 5707 DARNELL
CITY-ST-ZIP HOUSTON TX

☐ DELETE

TITLE VD
NAME COHEN, MIRIAM DOLLY
STREET ADDRESS 7706 YAMINI DR
CITY-ST-ZIP DALLAS TX

☐ DELETE

TITLE STD
NAME MALDONADO, DARCIE L
STREET ADDRESS 322 PLANT AVE
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

Vice President / Director

☐ Change

☒ Addition

1.2 NAME

Glady's A. Williams

1.3 STREET ADDRESS

4335 Aegean Drive #136A

1.4 CITY-ST-ZIP

Tampa, FL 33611

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

STD

Darcie L. Maldonado

4556 S. Manhattan Ave, D

Tampa, FL 33611

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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)(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 2-9-96 (813) 831-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)