

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 # **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

4. FEI Number
59-1450584

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

2. Principal Place of Business
21 **4556 S. Manhattan**
Suite, Apt. #, etc.
22 **Suite D**
City & State
23 **Tampa, FL**
Zip Country
24 **33611** 25 **Hills**

2a. Mailing Address
26 **P.O. Box 13726**
Suite, Apt. #, etc.
27
City & State
28 **Tampa, FL**
Zip Country
29 **33681** 30 **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 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 date, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COHEN, BONNIE G	
STREET ADDRESS	5707 DARNELL	
CITY-STATE-ZIP	HOUSTON TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COHEN, MIRIAM DOLLY	
STREET ADDRESS	7706 YAMINI DR	
CITY-STATE-ZIP	DALLAS TX	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MALDONADO, DARCIE L	
STREET ADDRESS	322 PLANT AVE	
CITY-STATE-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Nice President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Glady's A. Williams	
1.3 STREET ADDRESS	4335 Aegean Drive #136A	
1.4 CITY-STATE-ZIP	Tampa, FL 33611	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Darcie L. Maldonado	
3.3 STREET ADDRESS	4556 S. Manhattan Ave, D	
3.4 CITY-STATE-ZIP	Tampa, FL 33611	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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)(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)