

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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
4556 S. MANHATTAN SUITE D. TAMPA FL 33611 US

Mailing Address
P.O. BOX 13726 TAMPA FL 33681 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1972

4. FEI Number: 59-1450584 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-23) and Mailing Address (2a-28) fields.

g. Name and Address of Current Registered Agent: MALDONADO, DARCIE L. 4556 S. MANHATTEN AVE. SUITE D TAMPA FL 33611

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 607.0509 and 607.1608, 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: _____ (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	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5707 DARNELL	CITY-ST-ZIP: HOUSTON TX	1.2 NAME:	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
TITLE: VD	NAME: COHEN, MIRIAM DOLLY	1.4 CITY-ST-ZIP:	
STREET ADDRESS: 7708 YAMINI DR	CITY-ST-ZIP: DALLAS TX	2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME:	Cohen, Miriam Dolly
TITLE: STD	NAME: MALDONADO, DARCIE L	2.3 STREET ADDRESS:	11336 C Park Central Plaza
STREET ADDRESS: 4556 S. MANHATTAN AVE. D	CITY-ST-ZIP: TAMPA FL	2.4 CITY-ST-ZIP:	Dallas, Tx 75230
	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP	NAME: WILLIAMS, GLADYS A.	3.2 NAME:	
STREET ADDRESS: 4335 AEGEAN DRIVE APT. #136A	CITY-ST-ZIP: TAMPA FL	3.3 STREET ADDRESS:	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP:	

14. I hereby certify that the information supplied with this filing 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 2/10/98 (813) 831 8811

CR2E034 (10/97)