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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # 409528 NAL SERVICES, INC.	(7)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Place of Business 6919 PLYMOUTH SORRENTO RD. APOPKA FL 32712		Mailing Address 8919 PLYMOUTH SORRENTO RD. APOPKA FL 32712-5122			
				3. Date Incorporated or Qualified 09/26/1972	3a. Date of Last Report 05/01/1996
2. Principal P 21	lace of Business	2a. Mailing Address		4. FEI Number 59-1433947	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	€	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Zip	Country	28	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Current	29 Registered Agent	30	Florida Statutes 10. Name and Address of New Reg	
11. Pursuant office or ragent I a	9 PLYMOUTH SORRENTO RD OPKA FL 32712 to the provisions of Sections 607.0502 registered ment or both, in the State im familiar with, and accept the obliga	and 607.1508, Florida Statu of Florida Such change was tions of Section 607.0505, F	83 84 City	poration submits this statement for the potential board of directors. I hereby accept	FL 85 Zip Code
SIGNATURE	Stop at the Type of or printed name of registered agen	<u> </u>	TE: Registered Agent signature requi		DATE TOO TO SO IN LOC
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	MORO, CHARLES W 6919 PLYMOUTH SORRENTO	.	1.2 NAME		
STREET ADDRESS CITY-ST-76P	APOPKA FL	n.	1.3 STREET ADDRESS 1.4 City-St-Zip		
Title	D	DELETE	2.1 TITLE		Change Addition
NAME STREET ADORESS	MORO, BERNADINE 6919 PLYMOUTH SORRENTO APOPKA FL	R	2.2 NAME 2.3 STREET ADDRESS		
CHY-S1-ZIP TOTAL	PD	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAM:	MORO, RONALD		3.2 NAME		
STREET ADDRESS	6919 PLYMOUTH SORRENTO		3.3 STREET ADDRESS		
CITY - ST - ZIP	APOPKA FL	DELETE	34 CITY-ST-ZIP		Change Addition
TRILE NAME		[""] DETEN	4.1 TITLE 4 2 NAME		El pugide El vocition
STREET ADORESS			4.3 STREET ADDRESS		
CITY SI-7IP			4.4 CITY - ST - ZIP		
THUE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - S1 - ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TIFLE		C) OUTCIE	6.1 TITLE 6.2 NAME		L. CHANGE L. AUGITON
NAME STREET ACORESS			63 STREET ADDRESS		
CHY-SI-ZIP			6.4 CITY-ST-ZIP		
14. I do here			lify for the exemption state	d in Section 119.07(3)(i), Florida Statutes	
information Lam an o appears	on indicated on this annual report or stifficer or director of the corporation or in Block 12 or Block 12 or changed or	ippierieniai annuai report is the receiver or trustee empo on an attachmeat with an ac	wered to execute this repo	t my signature shall have the same legal rt as required by Chapter 607, Florida S	elieci as it made under dain; that latites; and that my name

SIGNATURE:

FILED

May 09 1997 8:00am

Secretary of State