FILE NOW: FILING FEE A	FTER MAY 1 18	\$225.00		
PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTA Sandra B. N Secretary DIVISION OF CO	MENT OF STATE Mortham of State		
DOCUMENT # 1. Corporation Name				
560241 NASI, INC.				
Principal Place of Business	Mailing Address			
1401 Atlantic Blvd.	P.O. Box 33	0766		
Neptune Beach, Fla. 32266	Atlantic Be	ach, Fla. 322	!\$3	
No position de la company de l			3. Date incorporated or Qualified	Ba. Date of Last Report
			Feb. 22, 1978	3/31/95 Applied For
2. Principal Place of Business	2a. Mailing Address		·· -	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-1798598	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	0	Trust Fund Contribution 8. This corporation has liability for in	
Z _I p Country	Zip	Country 10		No
24 25 9. Name and Address of Current	1	1	10. Name and Address of New Reg	istered Agent
5. Haine Bita Addices of Content		81 Name		
Marian Name		82 Street Addr	ess (P.O. Box Number is Not Acceptable	0)
Kouri, Norman P.O. Box 330766 Atlantic Beach, Fla. 32266				
		83		
Atlantic Beach, Fia. 52	200	84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and CO7 1509 Florido Statuto	the above named corr	poration submits this statement for the pu	roose of changing its registered
			tion's board of directors. I hereby accept	t the appointment as registered
agent I am familiar with, and accept the obligat	ions of, Section 607.0505. Fior	iua statutes.		
SIGNATURE Signature: typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signature requi	red when reinstating)	DATE
12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE DELETE President		1 1 TITLE 1 2 NAME		<u> </u>
Norman Kouri		1.3 STREET ADDRESS		
STREET ADDRESS 1401 Atlantic Blvd.		1.4 City - ST - ZIP		
Neptune Beach,		2 1 TITLE		Change Addition
NAME		2 2 NAME	•	
STREET ADDRESS		2 3 STREET ADDRESS	•	
CITY-ST ZIP		2 4 CITY - ST - ZIP		Change Addition
TITLE	DELETE	3 1 TITLE		L_1 change
NAME		3.2 NAME -		
STREET ADDRESS		3.3 STREET ADDRESS	40000170	~~ 4 ~~ 4
CITY-ST-ZIP	DELETE	3 4 CITY-ST-ZIP 4 1 TITLE	40000179 -04/24/960102	nange Addition
TITLE		4 2 NAME	***200.00	.0 010
NAME STREET ADDRESS		4 3 STREET ADDRESS		
CITY ST-ZIP		4 4 CITY - ST - ZIP		
TITLE	DELETE	5 1 TITLE		Change Addition
NAME		5 2 NAME		
STREET ADDRESS		53 STREET ADDRESS		

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 19.07(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.

54 CITY - ST - ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

6 1 TITLE

6 2 NAME

SIGNATURE:

CITY ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

904. 249.3852.

Addition