

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

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003910 (3)

1. Corporation Name  
NAS SERVICES, INC.



Principal Place of Business 3329 FLORIDA AVE. SUITE 200 KENNER LA 70065	Mailing Address 3329 FLORIDA AVE. SUITE 200 KENNER LA 70065
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4101 California Ave. Suite, Apt. #, etc. 22 City & State 23 Kenner, LA 24 Zip 70065 25 U.S.		26. Mailing Address 26 4101 California Ave. Suite, Apt. #, etc. 27 City & State 28 Kenner, LA 29 Zip 70065 30 U.S.		3. Date Incorporated or Qualified 07/25/1997	
				4. FEI Number 72-1267502	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARCADIS, RALPH S 3400 W. KENNEDY TAMPA FL 33609		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

Signature: *Ralph S. Marcadis* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, WILLIAM J	1.2 NAME	
STREET ADDRESS	300 SOUTHERN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVER RIDGE LA 70123	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERSON, SCOTT M	2.2 NAME	
STREET ADDRESS	1765 COLISEUM	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70130	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENAN, THOMAS E IV	3.2 NAME	
STREET ADDRESS	811 L. ARTHUR CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SLIDELL LA 70448	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* 1/26/98

CR2E034 (10/97)