FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

APPROVED AND FILED

95 MAR -1 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H88561 (6)

1. Corporate Name
NATIONAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
426 S FLORIDA AVE (34689) P.O. BOX 1292 TARPON SPGS. FL 34688-8292	426 S FLORIDA AVE (34689) P.O. BOX 1292 TARPON SPGS. FL 34688-8292

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/06/1985
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: 59-2805521 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GIALOUSIS, TONY
426 S.FLORIDA AVE.
TARPON SPGS. FL 34689

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	GIALOUSIS, TONY	12 NAME	
STREET ADDRESS	426 S. FLORIDA AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	GIALOUSIS, FANI	22 NAME	
STREET ADDRESS	426 S. FLORIDA AVE	23 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	V. PRES. ☐ Change ☒ Addition
NAME		32 NAME	JOHN NITIKOS
STREET ADDRESS		33 STREET ADDRESS	822 RIVERSIDE DR.
CITY-ST-ZIP		34 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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)(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 above, or on an attachment with an address.

SIGNATURE: Fani Gialousis 2-23-95 813-942-2373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FANI GIALOUSIS

0401430 FP