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Apr 24 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 # H97690 (2)  
1. Corporation Name  
NAVUM OF PORT CHARLOTTE, INC.



Principal Place of Business Mailing Address  
% NASIR KHALIDI % NASIR KHALIDI  
2595 HARBOR BLVD. #206/P.O. BOX 4090 2595 HARBOR BLVD. #206/P.O. BOX 4090  
PT. CHARLOTTE FL 33952-5306 PT. CHARLOTTE FL 33952-5306

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/03/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2619727	
24 Country		30 Country		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	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KHALIDI, NASIR 2595 HARBOR BLVD. SUITE 206 PT. CHARLOTTE FL 33952				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	KHALIDI, NASIR	1.2 NAME	
STREET ADDRESS	2595 HARBOR BLVD #206	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	KHALIDI, SAKINA	2.2 NAME	
STREET ADDRESS	2595 HARBOR BLVD #206	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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

16-15-98

909-679-2111

CR2E034 (10/97)