

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 9:02

DOCUMENT # J76787

(7)

1. Corporation Name

NOWHA INC

Principal Place of Business

**% NORMAN R. HARWOOD
PO BOX 72
LA MESA CA 91944
US**

Mailing Address

**% NORMAN R. HARWOOD
PO BOX 72
LA MESA CA 91944
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1987

3a. Date of Last Report

02/17/1994

4. FEI Number

33-0239598

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 190(3)(2),
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HARWOOD, R.J.
8281 N.W. 24TH COURT
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits the 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, thereby 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 the corporation

Signature typed or printed name of new registered agent

12

OFFICERS AND DIRECTORS

12. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D

**WHITE, RICK
9058 PARADISE PARK DRIVE
LAKE SIDE CA**

13. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D

**NORRIS, W L
1102 TERRACE CT
EL CAJON CA**

14. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D

**HARWOOD, R.J.
8281 N.W. 24TH COURT
PEMBROKE PINES FL**

15. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

16. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

17. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 12)

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 130.02(1)(b), 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 its predecessor 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 of this report, or on an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Jan 95

FD-100 (1-94)