

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J98711 (1)**
 1. Corporation Name
NATIONAL WIREWORKS, INC.



Principal Place of Business: **472 OSCEOLA AVENUE JACKSONVILLE BEACH FL 32250**
 Mailing Address: **P.O. BOX 51527 JACKSONVILLE BEACH FL 32240-1527**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/22/1987	05/01/1995
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		65-0008725	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THEALE, RUDY C 34 ALHAMBRA ST. PONTE VEDRA BEACH FL 32082				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CSPD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THEALE, RUDY G		1.2 NAME		
STREET ADDRESS	34 ALHAMBRA ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NACCI, MARGARET		2.2 NAME		
STREET ADDRESS	26 S.W. 27 RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THEALE, JOANNE		3.2 NAME		
STREET ADDRESS	34 ALHAMBRA ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 do 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)(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.

SIGNATURE: RUDY THEALE DATE: 6/13/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY/TIME PHONE # 904-246-7678

CR2E034 (12/95)