

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

FILED
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 # **J 98711**
1. Corporation Name
NATIONAL WIREWORKS, INC.

Principal Place of Business: **6440 ATLANTIC BLVD. JACKSONVILLE, FL. 32211.**
Mailing Address: **P.O. Box 51527 JACKSONVILLE BEACH FL. 32240-1527**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified: **10/22/1987**

4. FEI Number: **65-0008725**
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
**THEALE, RUDY C.
34 ALHAMBRA ST.
PONTE VEDRA BCH. FL. 32082**

10. Name and Address of New Registered Agent
81 Name: **THEALE, RUDY G.**
82 Street Address (P.O. Box Number is Not Acceptable): **1901 N. FIRST ST. # 204**
83 **JACKSONVILLE BEACH.**
84 City: **FL** 85 Zip Code: **32250**

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 assent to the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE:  (INCL: Registered Agent signature required when reinstating) DATE: **4/17/98**

12. OFFICERS AND DIRECTORS

TITLE	CSPD	<input type="checkbox"/> DELETE
NAME	THEALE, RUDY G.	
STREET ADDRESS	1901 N. FIRST ST # 204	
CITY-ST-ZIP	JACKSONVILLE BCH. FL. 32250	
TITLE	V. D.	<input type="checkbox"/> DELETE
NAME	THEALE, JOANNE.	
STREET ADDRESS	1901 N. FIRST ST. # 204	
CITY-ST-ZIP	JACKSONVILLE BCH, FL. 32250	
TITLE	V. D.	<input type="checkbox"/> DELETE
NAME	THEALE, RUDY C.	
STREET ADDRESS	6440 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL. 32211	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	8000025005
63 STREET ADDRESS	-04/27/98--01010--021
64 CITY-ST-ZIP	***158.75

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 registered agent 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:  DATE: **4/17/98** TIME: **904.720-2121**

CR2E034 (10/97)