

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



OFFICE OF THE SECRETARY OF STATE
Sandra B. Matheson
Secretary of State
Tallahassee, Florida 32399-0001

95 MAY -1 AM 8:34

DOCUMENT # K07075 (0)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N.A. REALTY TRUST, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Office of Business % WOODWARD & WOODWARD PA 801 LAUREL OAK DR STE 640 NAPLES FL 33963-2707		2a. Mailing Address % WOODWARD & WOODWARD PA 801 LAUREL OAK DR STE 640 NAPLES FL 33963-2707	
2. Principal Place of Business 21	2a. Mailing Address 26	3. Date of Incorporation (or Limited) 12/15/1987	3a. Date of Last Report 04/22/1994
22. State of Report	27. State of Report	4. FID Number 65-0018627	Applied Fee Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. County	29. Zip	30. County
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**WOODWARD, MARK J.
LAUREL OAK DR STE 202
NAPLES FL 33963**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5 Zip Code**

11. Pursuant to the provisions of Sections 607.02(1)(a) and 607.02(1)(b), Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent, as set forth in the State of Florida. Such change was authorized by the corporation's board of directors, if hereby accepted the appointment as registered agent. I am familiar with and accept all the requirements of Sections 607.02(1)(a) and 607.02(1)(b), Florida Statutes.

Signature _____ Title _____

12. CURRENT REGISTERED OFFICERS	13. ADDITIONAL OFFICERS TO BE REGISTERED (PLEASE CHECK "Change" or "Addition")
NAME: DP FERRAO, AUBREY STREET ADDRESS: 4001 TAMiami TRAIL N., STE.350 CITY: NAPLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: D WOODWARD, MARK J STREET ADDRESS: 801 LAUREL OAK DR #640 CITY: NAPLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption statute in Section 607.02(1)(b), Florida Statutes. I further certify that the information and the filing of 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 a resident of the State of Florida and that my name is on the list of officers of the corporation as required by law for the report as required by Chapter 607, Florida Statutes, and that my name appears in this report as required by Chapter 607, Florida Statutes.

SIGNATURE: *Mark J. Woodward* *Aubrey J. Ferrao* **4/25/95** **813-434-2030**
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR