

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 JUL 21 PM 12: 22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **K60920** (1)

1. Corporation Name
THE NE JA CORPORATION

Principal Place of Business: **10010 46TH AVENUE W - BRADENTON FL 34210**
Mailing Address: **P.O. BOX 7110 BRADENTON FL 34210**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/18/1989**
3a. Date of Last Report: **06/17/1994**

2. Principal Place of Business: **21 3119 Manatee Ave. W.**
Suite, Apt. #, etc.:
City & State: **23 Bradenton, FL.**
Zip: **24 34205** Country: **25 USA**

4. FEI Number: **65-0092620**
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
7. This corporation has liability for intangible tax under s. 100.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HENDERSON, DUANE N
10010 46TH AVE W
BRADENTON FL 34210**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **3119 Manatee Ave. W.**
83
84 City: **Bradenton** FL 85 Zip Code: **34205**

11. Pursuant to the provisions of Sections 607.0507 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]* DATE: **7/17/95**

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HENDERSON, DUANE N.
STREET ADDRESS	10010 46TH AVENUE W -
CITY ST ZIP	BRADENTON FL
TITLE	DVST
NAME	HENDERSON, BARBARA J
STREET ADDRESS	10010 46TH AVENUE W -
CITY ST ZIP	BRADENTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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	3119 Manatee Ave. W.
14 CITY ST ZIP	Bradenton, FL. 34205
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	3119 Manatee Ave. W.
24 CITY ST ZIP	Bradenton, FL. 34205
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	
63 STREET ADDRESS	
64 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 110.07(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 hereon filed, or on an attachment, with an address.
SIGNATURE: *[Signature]* DATE: **7/17/95** 941 747352

CR2E004 (3/95)