FILED Apr 12, 2002 8:00 am Secretary of State

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	BUSINESS	וומששמשמו	വരവ

K74462 **DOCUMENT #** 1. Entity Name

N. W. F. I. CORPORATION, INC.

Principal Place of Business Mailing Address											
2612 BRIARCLIFF RD.			2612 BRIARCLIFF RD.								
P.O. BOX 16205			,	P.O. BOX.16205							
PANAMA CITY				44 PANAMA CITY FL 32406					·		
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2. Principal Place of Business 3. Mailing Address			`	`		· · · ·	9 G1118 1181 B1811 B1	641 M1411 M1811 M1) B11 B1811 1881		
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Suite, Apt. #, etc.				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
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	6 Nama	and Address of Cu	rront Bor	gistered Agent		<u></u>	· 7. N	lame and Address of Ne			
	O. IVANIO	and Address of Co	mem neg	distered Agent 1.5	·	Name			<u> </u>		
DI ACIONE	ELL FREM	NETU									
BLACKWELL, J. KENNETH 2612 BRIARCLIFF RD. PANAMA CITY FL 32405					Street Address (P.O. Box Number is Not Acceptable)						
					City FL Zip Code						
					to roc:	nd off:	r registered as	ont or both in the State o	f Florida	1	
8. The above	named entity	y submits this staten	nent for the	e purpose of changing i	is register	ea onice o	r registered agi	ent, or both, in the State o	i Fiorica.		
}											
SIGNATURE	Cionatura tumad	or printed name of registere	d agent and t	itta if applicable (NC	TE: Begieter	nd Agent signal	ure required when re	instating)	DATE		
	Signature, typeu	or printed fiame of registere	d agent and t	пен аррисация.	, re. riegioteri			1			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE							10. Election Campaign	Financing	\$5.0	O May Be	
Tax filing requirement and elects to do so After May 1, 2002 Fe						Trust Fund Contrib			to Fees		
(See crite	ria on back)			Make Check Paya	able to D	epartmen					
11.		OFFICERS	AND DIF	RECTORS	12.		AD	DITIONS/CHANGES TO	DFFICERS AND		
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

··CR2E034 (9/01)