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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

CITY ST ZIP

L53195

(8)

	NDA-J INC.	Mailine Add			
Frincipal Place of Business Mailing Address  5313 ARROW HEAD RD PENSACOLA FL 32507 US  BOX 34300 PENSACOLA FL 32507 US			7		ניסו פיין פיפין שיפין שיפין פיפין פיפין פיפין פיפין פיפין פיפין
		-		3. Date Incorporated or Qualified 02/23/1990	3a. Date of Last Report 04/07/1995
F ) ———		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	ASHMORE LN	26 3485 ASI	AMORE IN	59-2992952	Not Applicable
22	*, c.c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	e	City & State		6. Election Campaign Financing	Fee Required
23 PACE	Country	28 PACE F.		Trust Fund Contribution	\$5.00 May Be Added to Fees
24 325	71 25 11 TA	7p	Country	B. This corporation has liability for	intangible tax under s. 199.032,
24 73 C 7	9. Name and Address of Currer	29 3257/	30 USA		s 🗆 No
	·	- I gont	81 Name	10. Name and Address of New I	Hegistered Agent
DELAN	EY, RICHARD F.		60 Charlet	000	
12070	LONGWOOD DR.			ess (P.O. Box Number is Not Acceptate	ble)
PENSA	COLA FL 32507		83		
			84 City		85 Zip Code
11 Pursuant t	to the provisions of Sections 607 0503	and 007 4500 ftg 11 01 11	Par	E	
or register	ed agent, or both, in the State of Florid In, and accept the obligations of, Secti	tla Such change was authorize	s, the above hamed corporation's boar	ation submits this statement for the purid of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
SIGNATURE	in, and accept the obligations of, secti	on 607.0505, Florida Statutes.			<b>3</b>
	Signature, typed or printed name of registered agent		E. Ragistered Ayent signature required	when reinstating:	DATE
12. 1016	OFFICERS ANS	~-~	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
NAME	DELANEY, RICHARD F.	DELETE	1. 1 TITLE		Change
STREET ADDRESS	12070 LONGWOOD DR.		1.2 NAME	185 ASHMORE	
City-St Zip	PENSACOLA FL			· —	
TITLE	D	DELETE	2 1 THLE	4CE, FL 3257	Change Addition
NAME	DELANEY, LINDA C.		2 2 NAME		
STHEF! ADDRESS	_12070 LONGWOOD DR:		23 STREET ADDRESS 3	485 ASHMORE	W
_ 01Y_S1-79 *018	- PENSAGOLA FL		24 CITY - ST - ZIP	ACE, FL 32571	/
NAME		☐ DELETE	3 TITLE	•	☐ Change ☐ Addition
STHEE! ADDRESS			3.2 NAME		
O(1) S1 ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3.4 CITY - ST - ZIP 4.1 TITLE		Change [] Addition
NAME			4 2 NAM .		- Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST ZIF			4.4 CHTY ST-ZIP		
TUTf		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			5 2 NAME		!
CHY-S1-7IF			5.3 STREET ADDRESS		
TILE		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change C Addit
NAME		<u></u>	6 2 NAME		Change Addition
SUFEET ADDRESS			6 3 STREET ADDRESS		

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 cath; 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: Richard J. Delans RICHARD F. DELANEY 3/8/96 (901) 991-1978

64 CITY-ST-ZIP