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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L63656

(7)

NATIONAL ALLIANCE OF BUSINESS AND INDUSTRY INC.

FILED May 13 1997 8:00am Secretary of State

MATION	UP UPPIUM	OL OF DOGINES	0 AIID 1110001	111 1110.								
Principal Plac	ce of Business		Mailing Address							H BIBII BIBII	DIRRI IIII	
C/O DREWES. 3140 W KENNE TAMPA FL 338	EDY BLVD		3140 W. KENNEDY BLVD 3146 W KENNEDY BLVD TAMPA FL 33609-3075						In Day			
US			US					 Date Incorporated or Qualified 04/09/1990 	alified 3a. Date of Last Report 05/01/1996			
	Place of Busine	ess	2s. Mailing Address					4. FFI Number	1 1	Ar	oplied For	
Suite, Apt.	# atc	······································	26 Suite, Apt. #, etc.					59-3003255			ot Applicable	
22	. #, 010.		27					5. Certificate of Status Desired		ቅዕ./ ኃ Fee Re	Additional equired	
City & Stat	te		City & Stato				6. Election Campaign Financing			May Be		
23			Z _I p Country				Trust Fund Contribution					
Zip 24	ļ.	Country	29		Country 30			8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes				
		and Address of Curre					10. Name and Address of New Registered Agent					
DRE		81	Na	me			 -					
3140	o w Kenned	DY BLVD				Str	eet Addre	dress (P.O. Box Number is Not Acceptable)				
MAT	IPA FL 3360	9			83							
					84	Cit	v			85 Zip	Code	
							•		<u>FL</u>	{ ⁻ - `		
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 agont, 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, typed o	r printed name of registered ago	ent and title if applicable.	(NO1t :	Registered Age	ent sign	ature require	of when reinstating)	DATE			
12.		OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	·			
TITLE	D	101111 0		DELETE	1.1 TITLE				l	Change	Addition	
NAME	*** **** **** ****			1.2 NAME								
STREET ADDRESS CITY-ST-ZIP	ST. PETER				1.3 STREET 1.4 CITY - S		188	33703				
TITLE	D	ODDITO 1 C		DELETE	2.1 TILE	1 - 5 IL		<u></u>		Change	Addition	
NAME	FISHER, S	teven D.	2.2 No									
STREET ADDRESS		RTLEAF LANE NE			2.3 STREET ADDRESS		iss					
CITY-ST-ZIP	ST. PETER	ISBURG FL	···		2.4 CITY - 9	S1 - ZIP	270	7 <i>703</i>	· · · · · .			
TITLE			IJ	DELETE	3.1 TITLE				L	} Change	Addition	
NAME					3.2 NAME							
STREET ADDRESS					3.3 STREET		i					
CITY-ST-ZIP TITLE				DELETE	3.4. CITY - S 4.1 TITLE	51 - <i>E</i> IP		, , , , , , , , , , , , , , , , , , ,		Change	Addition	
NAME			_		4, 2 NAME				-			
STREET ADDRESS					4.3 STREET	ADDRE	ESS					
CITY-ST-ZIP					4.4 CITY - S							
TITLE				DELETE	5.1 TITLE				Ϊ	Change	Addition	
NAME					5.2 NAME							
STREET ADDRESS					5.3 STREET	ADDRE	ESS					
CITY-ST-ZIP				DECE TE	5.4 CITY - S	T-ZIP				10		
TITLE			LJ	DELETE	6.1 TITLE				Ł	Change	☐ Addition	
NAME STOCET ADDDESSO					6.2 NAME	*00+						
STREET ADDRESS					6.3 STREET		:85				}	
City-St-ZiP 14. I do here	by certify that	the information supplie	d with this filing doe	s riot qualify	6.4 CITY-S for the exe	moliz	n stated	in Section 119.07(3)(i). Florida Statut	es. I further	certify that	the	
14. I do 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 eath; 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.												