

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:05

DOCUMENT # M09011 (1)

1. Corporation Name
NAPP-TIME LTD, INC.

Principal Place of Business

**20860 SAN SIMEON WAY
APARTMENT 405
NORTH MIAMI FL 33179
US**

Mailing Address

**20860 SAN SIMEON WAY
APARTMENT 405
NORTH MIAMI FL 33179
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/17/1984** 3a. Date of Last Report **05/12/1994**

4. FEI Number **59-2498283** 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**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt # etc

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt # etc

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**NAPP, JACK M.
20860 SAN SIMEON WAY
APARTMENT 405
NORTH MIAMI FL 33179**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 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 (Typed or printed name of registered agent and title is acceptable)

(NOT Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **NAPP, JACK M.**
STREET ADDRESS **20860 SAN SIMEON WAY**
CITY ST ZIP **NORTH MIAMI FL**

TITLE **SD**
NAME **NAPP, JUDITH**
STREET ADDRESS **20860 SAN SIMEON WAY**
CITY ST ZIP **NORTH MIAMI FL**

TITLE
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CITY ST ZIP

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TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, trustee, assignee, or executor 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/95

305 642-6220