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 # M79164

(3)

NAFZINGER & ASSOCIATES, INC.

FILE	['] D
Apr 16 199'	7 8:00am
Secretary	of State



Principal Place	incipal Place of Business Mailing Address		i imatmuti itti imatm tatuk dikin midit mini mini mini mini dimi mini dimi mini min						
3040 GULF TO BAY BLVD. STE. #200A		3040 GULF TO BAY BU STE. #200A	3040 GULF TO BAY BLVD. STE. #200A						
CLEARWATER I	FL 34619	CLEARWATER FL 34619	4352						
US		US			 Date Incorporated or Qualified 04/28/1988 	3a. Date o		eport	
2, Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1	TAP	plied For	
21		26	26		59-2889802 Not Applicable				
Suite, Apt. #, etc		Suite, Apt. #, etc.				sired S8.75 Additional			
22		27	27		5. Certificate of Status Desired		Fee Re	quired	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be			
23		28	8		Trust Fund Contribution	☐ Added to Fees			
Zιρ	Country	Zip	Country		8. This corporation has liability for in	tangible tax	under s	199.032,	
24	25	29	30			Yes No			
	g, Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent					
NAF.	ZINGER, JAMES S.		61	Name				1	
	NAFZINGER & ASSOCIATES,	INC	82	Street Address (P.O. Box Number is Not Acceptable)					
	GULF TO BAY BLVD., STE.		"	Street Address (P.O. Box Number is Not Acceptable)					
	ARWATER FL 34619		83	3					
			<u> </u>						
•			64	City		FL 8	5 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508. Florida Sta	tutes, the above	ve-named cor	poration submits this statement for the pu	irpose of cha	noina it	s registered	
office Grir	edistered agent, or both, in the St	ate of Florida. Such change wa	is authorized b	by the corpora	tion's board of directors. I hereby accept	t the appoint	ment as	registered	
agent La	ni familiar with, and accept the ob	nigations or, Section 607.0505,	Fioricia Statute	əs.					
SIGNATURE	Signature, typod or printed name of registered	acunt and title if applicable (A)	IOTE: Registered A	nent signature regu	ired when reinstating)	DATE			
12.		AND DIRECTORS	13,	John Bigitalore rado	ADDITIONS/CHANGES TO OFFICE		RECTOR	S IN 12	
TITLE	D	DELETE	1.1 TITLE		ADDITIONO OT A TOTAL OF THE PARTY OF THE PAR		Change	Addition	
NAME	NAFZINGER, JAMES S.		1.2 NAME						
	2825 HAVERHILL DRIVE								
STREET ADORESS	CLEARWATER FL 34621			ET ADDRESS					
C(1Y-S1-2)F		☐ DELETE	1.4 CITY -				Change	Addition	
TITLE						ليا	Change	L August 1	
NAME	NAFZINGER, JUDITH H.		2.2 NAME	1				- 1	
STREET ADDRESS	2825 HAVERHILL DRIVE			ET ADDRESS					
Criy-St-ZiP	CLEARWATER FL 34621	L DELETE	2.4 CHV				<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE		DELETE	3.1 TITLE				Change	☐ Addition	
NAME			3.2 NAME	1					
STREET ADDRESS			3.3 STREE	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY						
TITLE		☐ DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAM	E					
STREET ADDRESS			4.3 STREE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY -	ST-ZIP					
TITLE		DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			5.4 CITY -						
TITLE		DELETE	6.1 TITLE			П	Change	Addition	
NAME			6.2 NAME			·····•	J		
STREET ADORESS				T ADDRESS					
CITY-ST-ZIP			6.4 CITY	ST-ZIP					

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 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 if changed, or on an attachment with an address.