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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M94629

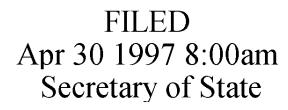
(6)

NASH ENTERPRISES, INC.

Principal Place of Business

Mailing Address

& MICHAEL I NASH





4478 LONGFORD DR SARASOTA FL 34232-1032		4478 LONGFORD	4478 LONGFORD DR SARASOTA FL 34232-4032			
			•		3. Date Incorporated or Qualified 08/12/1988	3a. Date of Last Report 10/28/1996
	Principal Place of Business 2a. Mailing Address		ress		4. FEI Number	Applied For
21		26			65-0083013	Not Applicable
Sulte, Apt. #, etc.		<u></u> ⊢ · · ·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		City P. State	City & State			Fee Required
23		28	n '		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip		Country			
24	25	29	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
	9. Name and Address of	Current Registered Agent			10. Name and Address of New Re	
	ASH, MICHAEL L			81 Name		
4478 LONGFORD DR				82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
SARASOTA FL 34232-1032						
				83		
				84 City		85 Zip Code
44 Durania	ni to the provisions of Castions (207.0500 607.1500 -51		<u> </u>		FL C E P S S S S S S S S S S S S S S S S S S
office o	or registered agent, or both, in the	ie State of Florida, Such chai	ida Statutes, trie a nge was authorize	above named cor ed by the corpora	rporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute's.						
SIGNATURI	Signature, typed or printed name of regi	stered agent and title if applicable	(NOTE Register	od Agent signature requ	uired when reinstating)	DATE
12.		RS AND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICE	
TITLE	P	0 🗖	ELETE 1.3.1	INTE		Change Addition of
NAME	NASH, MICHAEL L		1.2 (NAME		2
STREET ADDRES			135	STREET ADDRESS		رن ارن
CITY-ST-ZIP	SARASOTA FL 34232	·		DITY-ST-ZIP		
TITLE		□ D	ELETE 211			☐ Change ☐ Addition ☐
NAME OTDEET ADDRESS				NAME		
STREET ADDRES	8			STREET ADDRESS		
CITY-ST-ZIP TITLE			ELETE 311	CITY-ST-ZIP		Change Addition
NAME				NAME		
STREET ADDRES	s		1	STREET ADDRESS		
CITY-SY-ZIP				CITY-ST-ZIP		
TITLE			ELETE 411			Change Addition
NAME			4 2	NAME		
STREET ADDRES	S		4.3 5	STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		□ D	ELETE 511	1		Change Addition
NAME			•	NAME		
STREET ADDRES	S			STREET ADDRESS		
City-St-ZIP				CITY-ST-ZIP		[] (S
TITLE		U 1		1		☐ Change ☐ Addition
NAME Street addres			1	NAME		
· ·	9		1	STREET ADDRESS		
CITY-ST-ZIP			1 64 0	CITY-ST-ZIP		<u>l</u>

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.