

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001927 (0)**  
1. Corporation Name

**NATIONAL ASSOCIATION OF COLLEGE STUDENTS, INC.**



Principal Place of Business <b>6695 COLLEGE PARKWAY SUITE 300 FORT MYERS FL 33919</b>	Mailing Address <b>6695 COLLEGE PARKWAY SUITE 300 FORT MYERS FL 33919-4889</b>
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3. Date Incorporated or Qualified **04/05/1996** 3a. Date of Last Report

2. Principal Place of Business 21 Suite, Apt. #, etc. <b>(Same)</b> 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. <b>(Same)</b> 27 City & State 28 Zip 29 Country
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4. FEI Number <b>65-0658839</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WILLIAMS, RALPH E  
6695 COLLEGE PARKWAY  
SUITE 300  
FORT MYERS FL 33919**

10. Name and Address of New Registered Agent  
81 Name **N/A (Same)**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **N/A**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>Luciano Rammairone</b>
STREET ADDRESS	<b>1239 Tadt Hill Rd.</b>
CITY-ST-ZIP	<b>Staten Island, NY 10304</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Ralph Williams</b>
STREET ADDRESS	<b>15714 Iona Lakes Dr</b>
CITY-ST-ZIP	<b>Fort Myers, FL 33908</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Albert Hogan</b>
STREET ADDRESS	<b>3065 Kathe Lane, Apt. A2</b>
CITY-ST-ZIP	<b>Waukegan, IL 60085</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Jay Crawford</b>
1.3 STREET ADDRESS	<b>313 S. Yale</b>
1.4 CITY-ST-ZIP	<b>Addison, IL 60101</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

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