

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000006133 (0)

1. Corporation Name  
NIAP, INC.

FILED  
97 OCT 24 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
7807 ST. ANDREWS CIRCLE 7807 ST. ANDREWS CIRCLE  
ORLANDO FL 32835 ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/27/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAGE, JACQUELYN T  
7807 ST. ANDREWS CIRCLE  
ORLANDO FL 32835

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO, M	1.1 TITLE	
NAME	Jacquelyn T. Page	1.2 NAME	000002331880-1
STREET ADDRESS	7807 St. Andrews Circle	1.3 STREET ADDRESS	-10/28/97-01088-004
CITY-ST-ZIP	Orlando, Florida 32835	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE		2.1 TITLE	
NAME	Tawanna S. Wise	2.2 NAME	
STREET ADDRESS	325 Wildforest Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Davenport, FL 33827	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME	Sylvia W. Haynes	3.2 NAME	
STREET ADDRESS	4434 Cepeda Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32811	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME	Jamillah Johnson	4.2 NAME	
STREET ADDRESS	4568 Cal Ct.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32808	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED T. Page 11/27/97 (11/27/97) 7941-9135

CR2E037 (4/97)