

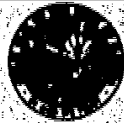
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P21779 (4)
1. Corporation Name
NATIONAL ASSOCIATION OF PRIVATE ENTERPRISE INCORPORATED

Principal Place of Business

Mailing Address

2121 PRECINCT LINE
HURST TX 76054
US

2121 PRECINCT LINE
HURST TX 76054
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/16/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 75-2145291	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ 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	28 Country
24 Zip	29 Country
25 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	8X	1.1 TITLE	Secretary
NAME	BENNETT, ANDREA	1.2 NAME	Laura Squiers
STREET ADDRESS	2121 PRECINCT LINE RD	1.3 STREET ADDRESS	209 Fifth Street
CITY - ST - ZIP	HURST TX	1.4 CITY - ST - ZIP	Downers Grove, IL 60515
TITLE	D	2.1 TITLE	Vice President
NAME	SHARPE, RICHARD	2.2 NAME	Ralph Adams
STREET ADDRESS	2121 PRECINCT LINE RD	2.3 STREET ADDRESS	2942B Wanamaker Dr.
CITY - ST - ZIP	HURST TX XXX	2.4 CITY - ST - ZIP	Topeka, KS 66614
TITLE	P D	3.1 TITLE	
NAME	STECKELBERG, DAVID O	3.2 NAME	
STREET ADDRESS	2121 PRECINCT LINE RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	HURST TX	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 and receiver or trustee or empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *David Steckelberg, President* 3/22/95 817-428-4207
DAVID STECKELBERG