

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P26709** (6)  
1. Corporation Name  
**NORDIC ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**PO BOX 636 ST. CHARLES MO 63302** **4239 S. PADDOCK ST. INVERNESS FL 34450 US**

APPROVED AND FILED  
95 MAY 17 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		11/02/1989		03/23/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FBI Number		Applied For	
22		27		43-1226190		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		Country		Zip		Country	
24		25		29		30	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARTIN, JOHN C. 4239 S. PADDOCK PT INVERNESS FL 33650				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 Zip Code			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JOHN C.	1.2 NAME	
STREET ADDRESS	4239 S. PADDOCK PT.	1.3 STREET ADDRESS	
CITY - ST - ZIP	INVERNESS FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, DONNA L.	2.2 NAME	
STREET ADDRESS	4239 S. PADDOCK PT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	INVERNESS FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, DIA	3.2 NAME	
STREET ADDRESS	1020 WINDSTREAM	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERS MO	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, STEPHEN	4.2 NAME	
STREET ADDRESS	2117 SEVEN OAKS DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST CHARLES MO	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(3)(b), 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.

SIGNATURE: John C. Martin JOHN C. MARTIN PRES. 5-19-95 RA-726-8712  
(Signature and typed or printed name of signing officer or director)