

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000008632 (1)

1. Corporation Name

NMACQ, INC.



Principal Place of Business

ATTENTION: E. KLEMENTS
19353 US HWY 19 N. S100
CLEARWATER FL 34624
US

Mailing Address

ATTENTION: E. KLEMENTS
P O BOX 6600
CLEARWATER FL 34618
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MORRIS A LECOMPTE, ESQ
100 SECOND AVENUE
CITY CENTER 12TH FLOOR
ST PETERSBURG FL 33701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
12/02/1992

3a. Date of Last Report
04/11/1995

4. FET Number
59-3153278

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

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

SIGNATURE

(Signature of the person or persons authorized to sign this report)

(Signature of the person or persons authorized to sign this report)

DSH

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	CLARK, J R	
STREET ADDRESS	211 E. COLONIAL DRIVE	
CITY-STATE-ZIP	ORLANDO FL 32802	
TITLE	VTD	☐ DELETE
NAME	STICCO, LEWIS A	
STREET ADDRESS	19353 US HWY 19 N S100	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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)(a), 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 it made under oath; that I am an officer or director of the corporation or the person or persons authorized 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:

L. A. Sticco

Lewis A. Sticco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96

813/538-5468

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