## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997

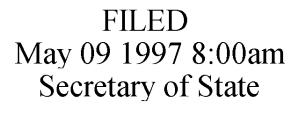


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of \$tate DIVISION OF CORPORATIONS

P93000053318 (0) DOCUMENT #



NAS KA	RT PARK, INC.					 				
Principal Place of Business 11838 FRONT BEACH RD. PANAMA CITY FL 32413 US		P.O. BOX 9001	PANAMA CITY FL 32417-9001							
						<ol> <li>Date incorporated or Qualified 07/27/1993</li> </ol>	1	of Last Re 1/1996	eporl	
	ace of Business	······1	2a. Mailing Address			4. FEI Number	ber Applied For			
21 Suite, Apt.	# 410	26	Suite, Apt. #, etc.			55-0173909	PO173909 Not Applicable \$8.75 Additional			
22	#, OIO.	— i ′	27			5. Certificate of Status Desired		<b>ቕፘ.75</b> A Fee Re		
I City & State	)	City & State				Election Campaign Financing		\$5.00	··	+
23		28	26			Trust Fund Contribution		Added t		
Zip	Country	Zip	Country			This corporation has liability for intangible tax under s. 199,032,				
24	9. Name and Address of Curre	29	[30]	ı			] Yes 🔲			
14/0/		iii negisterea Agent		81	Name	10. Name and Address of New Re	gistered Ag	ent	·	-
	ay, steve 4 Beach Drive									
	IAMA CITY BEACH FL 32407			82	Street Ad	ldress (P.O. Box Number is Not Acceptab	le)			1
100	INITIA OTTI DENOTTI E GETUI			83						-
								·		
				84	City		FL	<b>85</b> Zip (	Code	
11. Pursuant to office or reagent. I as SIGNATURE.	m familiar with, and accept the oblig	ations of, Section 607.	da Statutes, the al ige was authorize 0505, Florida Stat	bove d by tutes	-named ci the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of cl the appoir	ianging its tment as	a registered registered	
40	Signature, typed or printed name of registered ag			d Ager	il signature re	quired when reinstating)	DATE			_ إ
12.	DITICE HS AN	ID DIRECTORS DE	<b>13.</b> LETE 11 Tr			ADDITIONS/CHANGES TO OFFIC		IRECTOR Change	S IN 12	Q
NAME	WRAY, STEVE						<b>L.</b> .	1 Griange	L' Vonition	19
STREET ADDRESS	6424 BEACH DRIVE		1.2 NAME 1.3 STREE		ADDRESS					ŝ
CITY-ST-ZIP	PANAMA CITY FL		1.4 C(TY - ST - ZIP							5
TITLE	☐ DELETÉ 211			TLF		Change			Addition	۲
NAME			2 ? N/	<b>AME</b>					: '	
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CITY-ST-ZIP				11Y-S	T-ZIP					
TITLE	☐ OFLETE			T.E				Change	Addition	
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STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DE		ITY-SI	1 - ZIP		r	Change	Addition	٠,
NAME			4, 2 N		1			Onlange	L_1 Novikon	
STREET ADDRESS					ADORESS					'
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NAME			5.2 NA	\M£						
STREET ADDRESS			5.3 \$1	REELA	ADDRESS					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			IY-\$1	- 21P					
TITLE		□ DE						Change	Addition	
NAME			6.2 NA		-					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	y cortify that the information constin	nd with this files does	6.4 C(			od in Scotion 110 07/0V/V Circles Co	11.000			-
information	n indicated on this annual report or a	Rupolemental annual re	not quality for the eport is true and a	exeri	npuon stat ate and th	ed in Section 119.07(3)(i), Florida Statutes lat my signature shall have the same logal	a further c∈ effect as if	auty that t made und	.ne ler eath: that	, [

am an officer or director of the corporation of the