

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR 16 AM 11:06

DOCUMENT # P94000008464 (7)

1. Corporation Name

NAI INVESTORS, INC.



Principal Place of Business

Mailing Address

4531 ROSEMERE  
TAMPA FL 33609  
US

4531 ROSEMERE  
TAMPA FL 33609  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1994

4. FEI Number

59-3224674

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KADOW, JOSEPH J.  
550 NORTH RED STREET, SUITE 200  
TAMPA FL 33609

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 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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME SULLIVAN, CHRIS T  
STREET ADDRESS 550 NORTH RED ST., SUITE 204  
CITY-ST-ZIP TAMPA FL 33609

☐ DELETE

TITLE ~~DP~~  
NAME ~~MCDONALD, BRIAN A.~~  
STREET ADDRESS ~~4710 EISENHOWER BLVD., SUITE 600~~  
CITY-ST-ZIP ~~TAMPA FL 33634~~

☒ DELETE

TITLE ST  
NAME KADOW, JOSEPH J.  
STREET ADDRESS 550 NORTH RED STREET, SUITE 200  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

11 TITLE PRESIDENT  
12 NAME  
13 STREET ADDRESS 400002498784- -0  
14 CITY-ST-ZIP -04/24/98-01006--002  
\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☒ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE VICE PRESIDENT, DIRECTOR  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☒ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, 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.

CR2E034 (10/97)