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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996	Divisi	ON OF (
DOCUMENT #	P94000024522	(2)

1. Corporation	MENT# P9400 0 Name NAGON, INC	JU24522 (2)					
Principal Place	trincipal Place of Business Maing Address				OBIM BELLE INELL BIBBL BING MAIS AND LAS.		
3402 S DALE MARRY AVE #A 3		3402 S DALE MABRY A' TAMPA FL 33629	3402 S DALE MABRY AVE #A TAMPA FL 33629				
					3. Date incorporated or Qualified 03/25/1994	3a. Date of Last Report 02/22/1995	
2. Principal Pla	ce of Business	2a. Malling Address	_		4. FEI Number 65-0382096 59 - 3	Applied For Not Applica	
21		Suite, Apt. #, etc.				\$8.75 Additional	
Suite, Apt. #	, etc.	27			5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zıp	Country 25	Ζ(p)	Country 30			s 🗌 No	
24	9. Name and Address of Curre				10. Name and Address of New	Registered Agent	
3313 W I TAMPA F			82 83 84	City	ress (P.O. Box Number is Not Accepta	FL 85 Zip Code	
or register familiar wit	o the provisions of Sections 607.056 ed agent, or both, in the State of Floth, and accept the obligations of, Sections of the section of the sec	ction 607.0505, Florida Statute		2110113 000	कर भरे हो । क्लिंड बीमायु	DATL	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
TIFLE	PS	☐ DELETE	1 1 Tifle	ĺ		Change Addit	
NAME	CLEAR, RICHARD E		1.2 NAME				
STREET ADDRESS	3313 W PAUL AVENUE		1.3 STREET /	DORESS			
CITY-ST-ZIP	TAMPA FL 33611		1.4 C:TY - S1	- 20P		☐ Change ☐ Addi	
TITLE		☐ DELETE	2 1 DTLE			□ outrigo □ Addi	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	IDDRESS			

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	o the provisions of Sections 607,0502 and 607,1508 ad agent, or both, in the State of Florida. Such chang n, and accept the obligations of, Saction 607,0505, f	e was aurionzed by	above named cor the corporation's b	poration submits this state poard of directors. I hereby	ement for the purpose of changing its re accept the appointment as registered	egistered office agent. I am
SIGNATURE _	Spirature, typed or printed name of registered agent and the it accordishes	สมาชิ คือ	gisteren Agrint signal de he	passe when remarating	DAIL	
	OFFICERS AND DIRECTORS		13.	ADDITIONS/CH	IANGES TO OFFICERS AND DIRECTO	RS IN 12
12.		☐ DELETE	1.170(1.6		Change	Addition
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NAME			5.2 NAME			
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			63 STREET ADDRESS			
STREET ADDRESS			64 CHY-ST-ZIP			
City-St-ZiP			0.4 0111 - 31 - 210	L	d - DFan 110 07/2VIA Florida State	too I further

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)(k). 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.

hanol E. Clear Que, SIGNATURE (X

Dayime Phone #

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees tax under s 199.032,