

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000066011 (5)**

1. Corporation Name  
**NATURALIZATION ASSISTANCE SERVICES, INC.**



Principal Place of Business: **2980 LAKE LAND HIGHLANDS ROAD LAKELAND FL 33803**  
Mailing Address: **2980 LAKE LAND HIGHLANDS ROAD LAKELAND FL 33803**

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-29)  
24. Zip, Country  
25. Country  
26. State, Apt. #, etc.  
27. State, Apt. #, etc.  
28. City & State  
29. City & State  
30. Zip, Country

3. Date incorporated or Qualified: **09/02/1994**  
3a. Date of Last Report: **09/19/1995**  
4. FEI Number: **59-3264067**  
5. Certificate of Status Desired:   
6. Election Campaign Financing:   
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**ROBERTS, PAUL W  
2980 LAKE LAND HIGHLANDS ROAD  
LAKELAND FL 33803**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.01(2)(c) 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 I accept the obligations of, Sections 607.01(2)(c) and 607.1508, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Title: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
	<b>PD ROBERTS, JULIE P</b>	<b>118 PALENCIA PL.</b>	<b>LAKELAND FL 33803</b>	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
	<b>DST ROBERTS, PAUL W</b>	<b>118 PALENCIA PL.</b>	<b>LAKELAND FL 33803</b>	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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 Book 12 or Book 13, if changed, or on an appointment with an address.

SIGNATURE: *Julie P. Roberts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JULIE P. ROBERTS**

3-30-96  
941-665-6960

CR2E034 (12/95)