FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P94000088396 (4)

1. Corporation Name
NATIONAL ASSOCIATION MANAGEMENT CORPORATION

Principal Place of Business
~~250 E. PARK AVE.~~
LAKE WALES FL 33853
US

Mailing Address
POST OFFICE BOX 2338
LAKE WALES FL 33859-2338
US

2. Principal Place of Business	2a. Mailing Address
21 250 E Park Avenue	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lake Wales, FL	City & State 28
Zip 24 33853 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/05/1994	3a. Date of Last Report: 03/08/1995
4. FEI Number: 65-0544544	☐ 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

9. Name and Address of Current Registered Agent

~~SHERMAN, KYLE D~~
~~244 E PARK AVE~~
~~LAKE WALES FL 33853~~

10. Name and Address of New Registered Agent

81 Name: ~~MICHAEL R. BUTLER~~ ~~Joseph~~ Scuro
82 Street Address (P.O. Box Number is Not Acceptable)
83 244 E. Park Avenue
84 City: Lake Wales FL 85 Zip Code 33853

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] Michael R. Butler DATE 02/01/96

12. OFFICERS AND DIRECTORS

TITLE	~~PD~~	☐ DELETE
NAME	SHERMAN, KYLE D	
STREET ADDRESS	244 EAST PARK AVE.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	~~PD~~	☑ DELETE
NAME	[struck out]	
STREET ADDRESS	[struck out]	
CITY-ST-ZIP	[struck out]	
TITLE		☐ DELETE
TITLE		☐ DELETE
TITLE		☐ DELETE
TITLE		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President/Director	☐ Change ☑ Addition
2.2 NAME	Mathewson, Anthony K.	
2.3 STREET ADDRESS	230 E. Park Avenue	
2.4 CITY-ST-ZIP	Lake Wales, FL 33853	
3.1 TITLE	~~Sec~~/Tres/Director	☐ Change ☑ Addition
3.2 NAME	Mealey, Raymond R.	
3.3 STREET ADDRESS	244 E. Park Avenue	
3.4 CITY-ST-ZIP	Lake Wales, FL 33853	
4.1 TITLE	Secretary	☐ Change ☑ Addition
4.2 NAME	Joseph A. Scuro	
4.3 STREET ADDRESS	244 E. Park Avenue	
4.4 CITY-ST-ZIP	Lake Wales, FL 33853	
5.1 TITLE	Vice President	☐ Change ☑ Addition
5.2 NAME	Michael Sowinski	
5.3 STREET ADDRESS	244 E. Park Avenue	
5.4 CITY-ST-ZIP	Lake Wales, FL 33853	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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)(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.

SIGNATURE: [signature] Anthony K. Mathewson, President 02/01/96 (941)678-1337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E034 (12/95)